

Architectural Iron Designs, Inc.

ORDER FORM

For your convenience please photocopy blank form before faxing.

FAX your order TOLL FREE to: **888-532-7767** or order online at www.archirondesign.com

Date: _____

PURCHASED BY:

Customer No: _____ P.O. No.: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____

Fax: _____

SHIP TO:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____

Fax: _____

COMPONENT #	ORDER QUANTITY	UNIT PRICE	TOTAL

COMPONENT #	ORDER QUANTITY	UNIT PRICE	TOTAL

<p>METHOD OF PAYMENT</p> <p>COD: <input type="checkbox"/> Cash <input type="checkbox"/> Certified Check <input type="checkbox"/> Money Order</p> <p><input type="checkbox"/> NET 30 on Account No. _____</p> <p>Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p>Card No. _____ Exp. Date _____</p> <p>Name on Card: _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Component Total:</td> <td style="width: 20%; text-align: right;">\$</td> </tr> <tr> <td>Plus \$1.00 X Length Cut Charge</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Sales Tax 3% for NJ orders</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Shipping</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$</td> </tr> </table>	Component Total:	\$	Plus \$1.00 X Length Cut Charge	\$	Sales Tax 3% for NJ orders	\$	Shipping	\$	Total	\$
Component Total:	\$										
Plus \$1.00 X Length Cut Charge	\$										
Sales Tax 3% for NJ orders	\$										
Shipping	\$										
Total	\$										

950 South 2nd Street, Plainfield, NJ 07063
1-800-784-7444 • Fax: 908-757-3439 • www.archirondesign.com