

Industrial Raw Materials Order Form – Credit Card

Order Form

SHIP TO:

BILL TO: (exact name and address as printed upon your credit card statements)

Name		Name			
Company		Company			
Address		Address			
City	State/Prov.	City	State/Prov.		
Country	Zip/Postal Code	Country	Zip/Postal Code		
Phone	Fax	E-mail	Phone	Fax	E-mail

Method of Payment:

Credit Card: Visa MasterCard

Card Number: _____ Expiration Date (mm/yy): ____/ ____

Card Verification Number: _____



Signature: X _____

Item Description	Delivery	Quantity	Unit Price	Total Price
Shipping:				
Total:				

Send Form to Fax +1-212-246-0158 or scan/email to irm@irmwax.com
 Call us at +1-212-688-8080 to confirm.

For office use: _____ Approved By: _____ Date: _____

Thank you for your order.

www.irmwax.com