



Cadd Engineering Supply
of SD, Inc.

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FAX ORDER FORM

Customer Bill To:

Customer Ship To:

Date _____
Purchase Order No. _____
Ordered By _____
Phone Number _____

Quantity	Item	Description	Unit Price	Total Price
		FREIGHT		
		<input type="checkbox"/> NEXT DAY <input type="checkbox"/> SECOND DAY		
		TOTAL		

Account or Charge Card VISA MC COD Exp Date ____/____

We Ship Orders Received before 3PM CST the Same Day Via UPS. Specify For Next Day or Second Day
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