STONE BOSS INDUSTRIES, INC.

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Mail / Fax Order Form

Bill To:

Company Name _____

Street Address _____

City, State, Zip _____

Customer Number _____

P.O. Number _____

Contact Name _____

Phone _____

Fax _____

Email _____

Quanity	Item Number	Description	Unit Price	Total Price

Shipping: ☐ Next Day Air ☐ Second Day Air ☐ 3 Day Select ☐ Ground

All Orders Shipped COD or Credit Card

Charge: ☐ Mastercard ☐ Discover Card ☐ Visa ☐ American Express ☐ On Account (*must be preapproved*)

Credit Card Number _____

Name On Card _____

Expiration Date _____

Security Code _____

Authorized Signature _____