Order Form:

VAL-TEC LLC
100 W 17th Street, Ste 12
Sioux Falls. SD 57104
Tel: 877-277-3769, Fax: 866-597-1101
Web: www.val-tec.net, E-mail: dbrindle@val-tec.net

DATE:	SHIP TO (if different)
PURCHASE ORDER NO:	ORGANIZATION:
ORGANIZATION:	STREET:
ATTENTION TO:	CITY, STATE, ZIP:
STREET:	PHONE NUMBER:
CITY, STATE, ZIP:	
PHONE NUMBER:	DATE NEEDED BY:
FAX NUMBER:	AUTHORIZED BY:
EMAIL ADDRESS	(Signature and Position)

PRODUCT CODE	QUANTITY	PRODUCT NAME (Description)	PAGE NO.	PRICE EACH	TOTAL PRICE

PAYMENT METHOD			
CHECK $ _____	CHECK NO:_____		
CREDIT (check one)	☐ VISA		
	☐ MASTER CARD		
Card Number		3-Digit Code	
Cardholder's Name		Expiration Date	
Signature			

TOTAL (this sheet)	
TOTAL (attached sheets*)	
TOTAL	

Writing the order: To ensure the accuracy and promptness in filling your order, be sure all categories on the order form are completed. *If you need extra space for additional orders, please photocopy this form.

Terms: Net 30 days to schools and other institutions. Remittance and applicable sales tax must accompany orders from individuals. FOB Destination