

# Order Form



Date:

## Ordered By

Company:

Address:

City:

State/Province:

Zip/Postal Code:

Phone:

Contact Name:

LUBEPUMPS.com  
 300 LANIDEX PLAZA  
 PARSIPPANY, NJ  
 USA  
 07054  
 Phone: 973-781-0200  
 Fax: 973-781-0234  
 devcocorp.com

**Deliver To**  Same as Above

Company:

Address:

City:

State/Province:

Zip/Postal Code:

Phone:

Contact Name:

**PO Number:**

## Shipping

- UPS Next Day Air
- UPS 2nd Day Air
- UPS Ground
- UPS Expedited (Int'l Only)
- FedEx
- DHL
- Other

Account No:

Item	Description	Quantity	Unit Price	Amount

## Payment

- COD (USA Only)
- Credit Card
  - American Express
  - Mastercard
  - Visa
  - Discover

Card Number:

Expiration Date:

Cardholder Name:

Security Code:

<b>Sub-total</b>	
<b>Grand Total</b>	

Signed By \_\_\_\_\_

## Internal Use Only

Order Completed:	
Ship Date:	