PERFORMANCE ADVANTAGE COMPANY

ORDER FORM

Fax To: 877-741-9206 Email To: orders@pactoolmounts.com

For Assistance Call: 888-514-0083

PO #: _____

PAC CUSTOMER NO:	**(OPTIONAL)**
COMPANY NAME:	
BILLING ADDRESS:	
BILLING CITY, STATE, ZIP:	
CONTACT NAME:	
CONTACT PHONE:	
CONTACT FAX:	
CONTACT EMAIL:	

◯ CHECK IF SAME AS BILL TO ADDRESS

SHIP TO:	
COMPANY:	
SHIP TO ADDRESS:	
SHIP TO CITY, STATE, ZIP:	
SHIP VIA:	

PAYMENT METHOD: ◯ **American Express** ◯ **Discover** ◯ **Master Card** ◯ **Visa**

CREDIT CARD NO:	
EXPIRATION DATE:	
CVC #:	
CARD BILLING ADDRESS:	
CARD BILLING CITY, STATE, ZIP:	

I am a duly authorized purchasing agent for the company shown above and I authorize PAC to process this order as written . If payment method is credit, charge my credit card for the entire cost of this purchase, including all shipping charges. Otherwise, PAC will contact me for billing information.

Signature: _____ Date: _____

PART NO:	DESCRIPTION	OPTIONAL MOUNTING SURFACE	COLOR OPTION	LENGTH	QUANTITY
1070	Jumbo Lok	Dual Trac	Black	N/A	2
7000	PAC Trac	N/A	N/A	86.5"	3

SAMPLE SAMPLE SAMPLE