PLEASE FAX COPY OF COMPLETED FORM TO:
FAX NUMBER: 614-444-6850

MITCHELL MCKINNEY SUPPLY COMPANY ORDER FORM

DATE OF ORDER: _____ PO# _____

CUSTOMER: **SHIP TO:**

COMPANY: _____ _____

ORDER PLACED BY: _____ _____

TERMS: _____ SHIP VIA: _____ FOB: _____

PAYMENT:

ON ACCT _____ VISA _____ M/C _____ DISC _____ AMEX _____

IF PAYING BY CREDIT CARD:

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CREDIT CARD BILLING ADDRESS NUMBER: _____

CREDIT CARD BILLING ADDRESS ZIP CODE: _____

QUANTITY	PART NUMBER / DESCRIPTION		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____