

Order Form

Plastics Mart

Toll Free 800-490-8001
FAX 714-992-6165

www.plasticsmart.com

BUYER	PHONE
EMAIL	FAX

Bill To: _____

Ship To: _____

PURCHASE ORDER	SHIP DATE	SHIP VIA	SALESPERSON	TERMS

QUANTITY	PACK	ITEM #	DESCRIPTION	COST	TOTAL

Credit Card Number: _____ Expiration Date: _____

Full Name On Credit Card: _____ Verification Code: _____

BUYER SIGNATURE: _____ DATE: _____