ORDER FORM

CONWAY-CLEVELAND CORPORATION **2320 Oak Industrial N.E.** **Grand Rapids, MI 49505 USA**	**voice: (616)-458-0056** **fax: (616)-456-6632** **email: sales@conwaycleveland.com**

SOLD TO:	**DATE:**	**SHIP TO: (If different from Sold To)**
Name:		**Name:**
Company:		**Company:**
Address:		**Address:**
Address:		**Address:**
City:		**City:**
State: Zip: Country:		**State: Zip: Country:**

Ordered By:	**Order Number:**	**Daytime Phone# (In case of question)**

Special Instructions:

QTY	ITEM NO	DESCRIPTION	PRICE	AMOUNT
			Goods Total:	

Method of Payment:

☐ **Check Encl. (We pay shipping)** ☐ **Invoice us, we have an account**

☐ **VISA** ☐ **MasterCard** ☐ **Amex** ☐ **C.O.D.(extra C.O.D.charge)**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐

Card Number **Expiration Date Mo/Yr**

_____

Signature

Method of Shipment: ☐ **UPS Ground** ☐ **2nd Day Air** ☐ **Next Day Air**

We will add shipping charges to the total.