REORDER FOR Please make additional copies for future use

hurton

Call Toll Free 1-800-241-2094 FAX Toll Free 1-800-880-9759

FAX#
Customer #
Phone (Daytime) ()
•
Phone (Evening) ()
Name of person placing order

______ P. O. Number __

+BURTON or Mail burton + BURTON®		Phone (Evening) ()					
325 Cleveland Road Bogart, GA 30622			Name of person placing order				
1 SHIP ТО			ORDERED BY (Fill in only if different from SHIP TO)				
Name of Business			Name of Business				
Street Address			Division				
City_							
State		Zip					
3	METHOD OF PAY	MENT	State		Zip _		
CA	ASH Driver will accept exact an	mount of MONEY. May be predetermined by	the carrier.	CHECK Pleas	e make check payable to	burton + BURTON®.	
CASHIER'S CHECK OR MONEY ORDER MASTERCARD® VISA®					Expiration Date _		
Signat	ure as it appears on card _						
4	ORDER Product Number	Description		Quantity	Unit Price	Total	
1							
2							
3							
4							
5							
6							
7							

May we substitute with similar product if out of any item? Yes No Call if out
Discounts, if any, will be calculated and applied to your order. Shipping and handling charges will be added to your order. Your
order will be shipped within 24 hours of receipt of order (not including Saturday, Sunday, or holidays.) For additional items,
please use reverse side of this form. Prices subject to change. Orders subject to acceptance in Bogart, Georgia. Customer consents
to the jurisdiction of the State of Georgia and the laws of Georgia.

Total number of pages being transmitted including this sheet



Page 2 • ORDER CONTINUED This page to be used ONLY for orders with multiple pages.

(We cannot ship without Ordered By and Ship To information requested on page 1 of this order form.)

Customer #	Date	Date of of					
Business Name		P. O. Number					
Product Number	Description	Quantity	Unit Price	Total			
21	T. I.						
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