



Order Form

Date:

BILL TO:	SHIP TO:

Payment Terms
<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER

Shipping Method		Expected Delivery Date	Security Code
Name on Credit Card		Credit Card Number	Expiration Date
Qty	Item Number & Description	Price Each	Line Total
			Subtotal
			Shipping
			Total

- Please e-mail, fax, or mail order form.
- If paying by check or money order please mail to address below, order will be shipped when payment is received.
- Send all correspondence to:
 MICOR INDUSTRIES, INC.
 P.O. BOX 2175
 DECATUR, AL 35602
 Phone: 256-560-0770
 Fax: 256-341-0002
 tracie@micorind.com or Gordon@micorind.com

Signature _____
Date