Norkan
26200 Groesbeck Hwy
Warren, MI 48089
586-771-6500

# ORDER FORM

*Your Single Source for Industrial and Paint Supplies*

Date: _____

| Company Billing: | | Ship To | |
|---|---|---|---|
| Contact: | _____ | Contact: | _____ |
| Company Name: | _____ | Company Name: | _____ |
| Street: | _____ | Street: | _____ |
| City, State, Zip: | _____ | City, State, Zip: | _____ |
| Phone: | _____ | Phone: | _____ |
| Fax: | _____ | Fax: | _____ |

| Shipping Method | Payment | Delivery Date |
|---|---|---|
| | | |

| Qty | Item # | Description | Unit Price | Line Total |
|---|---|---|---|---|
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|---|---|
| Subtotal | |
| Frieght | |
| Sales Tax (if applicable) | |
| Total | |

1. No minimum order quantity. Please write *Bill our Account* or *Credit Card* in the payment field.
2. We are required by law to add applicable sales tax to all orders. If you are tax exempt, please submit your tax exemption number.
3. We ship UPS ground or by our Norkan Truck unless otherwise specified.
4. Print more order forms at: www.norkan.com/forms/order_form.pdf

Using a Credit Card?

☐ Visa ☐ Mastercard ☐ American Express

Card Holder Name:_____

Credit Card Number:_____

Expiration Date:_____