AWI Manufacturing, Inc.

ORDER FORM

Company Name _____

Bill To Address _____ **City**_____ **State**_____ **Zip**_____

Contact Name_____ **Phone No.** _____**Ext**____**Fax No.** _____

E-mail Address_____**PO Number**_____

QTY	PART NUMBER	DESCRIPTION

Carrier (Select from): UPS: _____ **Ground**

_____ **Next Day Air** ____ **Early AM**

_____ **2nd Day Air** ____ **Early AM**

_____ **3rd Day Select**

Other, please specify: _____

Ship to_____

Attn/Tag_____

Street_____

City/State/Zip_____