

POWERCUT MACHINERY PARTS PURCHASE ORDER

*Please fill in completely and fax to
978-823-0801*

NAME: _____

BILLING ADDRESS: _____

BILLING ADDRESS II: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: () _____

EMAIL ADDRESS (to send receipt and package tracking information): _____

CHECK HERE IF SHIP TO ADDRESS IS SAME AS BILLING ADDRESS

IF DIFFERENT, SHIP TO ADDRESS: _____

SHIP TO ADDRESS II: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PART(S) DESCRIPTION(S):

NAME:	PART NUMBER	PRICE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____

Please charge \$ _____ to my Credit Card:

Master Card Visa American Express

Account Number: _____

Expiration Month: _____ Year: _____ CSV # (3 digits on back of card): _____

Name of Cardholder: _____

Cardholder's Signature: _____ Today's Date: _____

Check here if you would like us to keep this information on file.