ORDER FORM or QUOTE FORM

☐ **Please Ship the following**

☐ **Please Quote on the following**

Bill to: Customer Code: _____

_____

_____

_____

_____

Ship to: _____

_____

_____

_____

_____

FILTER CORPORATION
5000 - 41st Street Ct.
Moline, IL 61265-7583
See us on the WEB:
www.smithfilter.com

For even FASTER service:

Toll Free **800-447-4009**
Local **309-764-8324**
Fax **309-764-6816**
E-Mail **orders@smithfilter.com**

ORDER DATE	SHIP VIA	SHIP DATE	PURCHASE ORDER #	SPECIAL INSTRUCTIONS

Stock #	Qty	Size	Filter Type	Price Ea.	Total

Please send a complete price book to:

_____

_____

☐ **VISA** ☐ **MASTER CARD** ☐**AMERICAN EX.**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number

☐☐ / ☐☐ _____

Expiration Date Authorized Signature

If ordering, please fill in the information below:

Signature _____

Title _____

Customer Code _____

Telephone _____

New Customer? _____