



MARYLAND METRICS

FAX: ORDER / INQUIRY FORM



TOLL FREE FAX:(800)USA-9-FAX =[800-872-9329]

ALTERNATE FAX:(410)358-3142

TOLL FREE PHONE:(800)638-1830

PHONE:(410)358-3130

E-MAIL: sales@mdmetric.com

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ATTENTION: _____ SALES DEPT. CREDIT DEPT. EXPEDITE DEPT.

Your name: _____ Your Phone: () _____ XT _____ Your Fax: () _____
 (Circle your charge card choice & fill in card info below)

TERMS: OPEN ACCOUNT C.O.D. VISA, AMEX, DISCOVER, MASTERCARD OTHER T/T

Your Maryland Metrics account no. If known: _____

BILL TO: _____ SHIP TO: _____

P/O # _____ RFQ # _____

IMPORTANT: **➡ ?** IS THIS A: NEW ORDER CONFIRMING ORDER QUOTATION REQUEST?
 For shipments to MD - Is this a taxable sale? If no, then include MD tax number: _____

LINE No.	QUANT.	DIN/PART#	SIZE	MATERIAL /FINISH	DESCRIPTION	PRICE US\$	PER
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

This fax form may also be used for mail orders.

Maryland Metrics 'PER' abbreviations:

Mail to:P.O.Box 261 Owings Mills,MD 21117-0261

h=100, k=1000,m=meter, e=1

Do you need additional copies of this form? If Yes:HOW MANY? _____

SHIP VIA: UPS UPS 2nd DAY(BLUE) UPS Next DAY(RED) MOTOR FREIGHT AIR FREIGHT PICK UP

UPS3 DAY (ORANGE) UPS COLLECT UPS HUNDREDWT UPS 3RD PARTY BILLING SATURDAY DELIVERY OTHER Is this a residential address? _____

PREFERRED CARRIER (FED EX, DHL, OVERNITE, ETC.) _____ PREFERRED SHIP DATE: _____

CHARGE CARD INFO: CARD # _____	EXPIRATION DATE: _____	SECURITY CODE CVV# _____
NAME ON CARD: _____		BILLING ZIP (If different than ship to zip): _____

Were any of the items that are being ordered previously quoted to you? If yes, then please advise the details in the block below.

Date quoted: _____ Maryland Metrics Salesperson's name: _____

Were the items quoted by phone: _____ fax: _____ email: _____