

ZAENTZ

NJ Distribution



Once the Order Form is completed,
you may **FAX** it to our **ORDER ENTRY DEPT.** at **1-201-489-6650**
or **E-Mail** it to: **sales@zaentznj.com**

** if Faxing your Order, please include a Fax Cover Sheet with the Order Form*

Date _____ PO # if needed _____ Contact Name _____

Sold To _____

Address _____

City _____ State _____ Zip-Code _____

Phone _____ Fax _____ E-Mail _____

(Confirmation will be sent to this E-Mail Address)

Ship To _____

Address _____

City _____ State _____ Zip-Code _____

Phone _____ Contact Name _____ TAG # if needed _____

If you will be picking Up your Order,

please **Note: PICK-UP** above.

Please place a checkmark next to what best describes your Ship To Address.

Legitimate Commercial Building Address _____ Residential Address _____ School _____ Job-Site _____ Military Facility _____

QTY	ITEM #	DESCRIPTION	UNIT PRICE

Credit Card Type: M/C _____ VISA _____ DISC _____ AMEX _____

Cardholder's Name: _____

Credit Card #: _____

Exp. Date: _____ Credit Card Code # _____

3 digits M/C, VISA & Discover, 4 digits AMEX

If the **Billing Address** for your Credit Card is not the same
as your Sold To Address, please provide that Address below:

Address _____

City _____

State _____ Zip-Code _____

Shipping Cost: _____

If No Shipping Cost is included on the Order,
we will forward you a Shipping Cost
for your approval, before the Order is processed,
unless you are Picking Up.

If you prefer that the Order ship

Freight Collect via your own LTL Carrier,

please provide following information:

Freight Carrier: _____

Account #: _____

UPS Account # _____

for Small Packaged Products only