

# 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*