

# Logical Machines Distributor Order Form

## Distributor Information

Company Name: \_\_\_\_\_

Salesperson: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

Price Quoted Customer: \_\_\_\_\_

## Shipping Instructions

### **1. Consignee:**

To: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### **2. Bill To:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**3. Preferred Shipping Company:** \_\_\_\_\_

**4. Collect or Prepaid** (circle one)

## Product Information

Product Being Run: \_\_\_\_\_

Container Types & Sizes: \_\_\_\_\_

Net Weights: \_\_\_\_\_

## Comments / Notes