

PARTS ORDER FORM

Date: _____

BILL TO:

FETCO Acct. # _____ P.O # _____

Company Name: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Contact Name: _____

Phone: _____ Fax: _____

SHIP TO: (If different than above.)

Company Name: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Attention: _____

Phone: _____ Fax: _____

FETCO®

600 Rose Road
Lake Zurich IL 60047-0429
fax: (847) 719-3001
parts@fetco.com

**For current parts
info & pricing,
visit our website at
www.fetco.com**

Shipping:

- UPS Ground
- UPS 3rd Day Select
- UPS Second Day Air
- UPS Next Day Air
 - Early AM Delivery
 - Saturday Delivery

Line#	Quantity	Part #	Description	Unit Price	Total Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Sub Total:

Method of Payment:

- Bill to FETCO account listed above (NET 30 days)
- C.O.D. Authorized Signature: _____
- VISA Card Number: _____
- MasterCard Exp. Date: _____
- American Express Cardholder Name: _____

**Minimum order - \$40
not including freight
and taxes.
If parts total less than
\$40, a handling charge
equal to the difference
will be added.**