PERFORMANCE ADVANTAGE COMPANY

P.O. Box 306 ï Lancaster NY 14086 (888)514-0083

ORDER FORM

Complete ORDER FORM and fax to (877)741-9206 **$100 Minimum Order**

PURCHASER:

PAC Customer No:	
Contact Name:	
Company:	
Billing Address:	
City/State/Zip:	
Tele:	
Fax:	
Email:	

SHIP TO:

Contact:	
Company:	
Address:	
City/State/Zip:	
Tele:	

SHIPPING METHOD:

☐BEST WAY

☐OTHER_____

☐UPS PURCHASERôS ACCOUNT #_____

PT ï PLEASE INDICATE ñPTòAFTER PART NO. IF TOOL MOUNTS WILL BE USED WITH PAC TRAC SYSTEM AND THE PAC TRAC INSERTS WILL BE SHIPPED AUTOMATICALLY WITH YOUR ORDER. IF ñPTòIS NOT SPECIFIED, TOOL MOUNTS WILL BE SHIPPED WITH STANDARD HARDWARE ONLY.

PART NO:	PT	DESCRIPTION:	QTY:	PRICE:	TOTAL:

PAYMENT METHOD:

☐INVOICE PURCHASER ☐CREDIT CARD ï Complete information below

☐VISA ☐MC ☐DISCOVER Credit Card #_____ EXP. DATE:_____ CVC#_____

I am a duly authorized purchasing agent for the company shown above and I authorize PAC to process this order as written and if payment method selected is credit card, charge my credit card for the entire cost of this purchase including all shipping charges.

X_____ _____ #_____

Signature of authorized purchasing agent/Credit card holder Date PurchaserôS P.O. No.

WWW.PACTOOLMOUNTS.COM