

# PLASTIC FASTENERS

Plastic Fasteners Distributors  
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Weaverville, NC 28787  
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## ORDER FORM

Please complete and SIGN this form and FAX to complete your order request. \*If this is to be a MULTIPLE SHIPMENT Order, download and FAX your signed copy of our MULTI-SHIP RELEASE AGREEMENT form – INSTEAD of this FORM. Thank you for your order... \* REQUIRED ENTRY AREAS ON FORM.

\*DATE: \_\_\_/\_\_\_/\_\_\_ \*QUOTE #: \_\_\_\_\_ \*PURCHASE ORDER #: \_\_\_\_\_

\*Select for Backordered Parts:  Ship All Available  Ship Partial and complete when in Stock

\*Select ORDER TYPE:  QUOTED Order -- FULL Shipment  
 QUOTED Order – Scheduled Release Shipments\*

\*Select PAYMENT METHOD:  Pay-Pal (SECURE!) – can pay by Credit Card/Check without PayPal account.  
 Pre-Approved – Company Check (COD) or FAX'd/Mailed Invoice  
 Pre-Approved – Money Order / Cashier's Check (Certified Check) (COD)  
 Pre-Approved - Open Account  
 Pre-Payment – Mailed (must clear bank before shipment is made) CK/MO

**MINIMUM INVOICE BALANCE MUST BE \$150.00. EMAIL US FOR A QUOTE OF CURRENT PRICES.**

\*E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_  
(Person placing order)

\*E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_  
(Person Authorized to make payment)

\*Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_ ATTN: \_\_\_\_\_

\*COMPANY INFO: NAME: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

Shipments out of the USA must be pre-approved.....

CITY, STATE, ZIP (COUNTRY/CODE): \_\_\_\_\_

PARTS INFORMATION: (samples free with regularly ordered parts – see webpage for details)

\*DESCRIPTION: \_\_\_\_\_ \*PART NUMBER: \_\_\_\_\_

\*QTY: \_\_\_\_\_ \*Quoted Cost/EA: \_\_\_\_\_ ANNUAL USAGE: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ PART NUMBER: \_\_\_\_\_

QTY: \_\_\_\_\_ Quoted Cost/EA: \_\_\_\_\_ ANNUAL USAGE: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ PART NUMBER: \_\_\_\_\_

QTY: \_\_\_\_\_ Quoted Cost/EA: \_\_\_\_\_ ANNUAL USAGE: \_\_\_\_\_

\*SHIPMENT METHOD:  UPS  FEDEX GROUND  UPS  FEDEX 2<sup>ND</sup> DAY  UPS  FEDEX OVERNIGHT  
 OTHER: \_\_\_\_\_  USE MY SHIPPER ACCOUNT \_\_\_\_\_

COMMENTS/ADDITIONAL NOTE: \_\_\_\_\_

see reverse side for more information or Special Instructions

We submit this order, will accept ALL shipments, and acknowledge full responsibility to pay for all invoices related to this order.

\_\_\_\_\_  
\*Signature – Purchasing Agent

\_\_\_\_\_  
\*Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\*DATE

All acknowledgements and communications should be by  E-mail  Phone  FAX.