HY Supplies Inc.

P.O. Box # 2355, Darien, IL 60561-7355
Toll free # - (800) 437-9182
Fax & Voice Message - (800) 437-9188
Email - custserv@hysupplies.com
Web : www.hysupplies.com

Date: / /

SALES ORDER FORM

A/c # : _____ (Current Customer) ☐ New Customer

P.O# : _____

Nature of Business : ☐ Beauty ☐ Food ☐ Govt ☐ Healthcare ☐ Educational ☐ Charitable Org ☐ Hospitality ☐ Janitorial ☐ Laundries ☐ Individual ☐ Others

Customer Information :

Company Name : _____
Contact Name : _____
Address 1 : _____
Address 2 : _____
City : _____
State/Zip : _____
Phone No. : ( ) - Fax No. : ( ) -
E-mail :

For Official use
(Do not fill anything)

P.O.# :
Posted :
Released :
Sales Rep# :
Sales Rep. :
Ship Via :

Sold To: ☐ Same as above

Company Name : _____
Contact Name : _____
Address1 : _____
Address2 : _____
City : _____
State / Zip : _____
Phone : ( ) -
Fax : _____
E-mail :

Ship To: ☐ Same as Sold to

Company Name : _____
Contact Name : _____
Address1 : _____
Address2 : _____
City : _____
State / Zip : _____
Phone : ( ) -
Fax : _____
E-mail :

S.No:	Model #	Color	Description	Qty.	Unit	Unit Price	Total Price
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Subtotal :	
Shipping :	
Sales tax :	
Grand total :	

Method of Payment *(Please Check One)*

☐ My Check is enclosed ☐ Bill my open account ☐ Credit Card ☐ E-Check

Card Type : ☐ Visa ☐ Master Card ☐ Discover ☐ Amex ☐ Paypal

Credit Card# : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp.Date : ____ /____/_____(mm/dd/yyyy) Security Code : _____ (3 digit code at the back of your card) (4 digits for Amex card)

Name as in Card : _____

Billing Address : _____

Phone : _____

Signature : Date : _____/_____/_____