

SKC Quick Order

Fax: 800-752-8476

Email: skcorder@skcinc.com

Bill To

(Must match address on credit card account)

Name _____
Company _____
Address _____

Div/MStop/Ste# _____
City _____
State _____ Zip Code _____
Phone _____ (required)
A/P Contact _____
Email _____

Ship To

(Complete if different)

Name _____
Company _____
Address _____

Div/MStop/Ste# _____
City _____
State _____ Zip Code _____
Phone _____
Email _____

Catalog No	Description	Qty	Price/Ea

Method of Payment

_____ New Account
(Completed credit application required)

_____ Bill SKC Account # _____
Net 30 days

_____ Purchase Order No. _____

_____ Credit Card

_____ MasterCard _____ VISA

_____ AMEX _____ Discover

_____ Card # _____

_____ Exp Date _____ Security Code _____

_____ Signature _____

_____ Name on Card _____

Special Instructions _____

Shipping Method

FOB Shipping Point

Carrier _____

Service Type _____

Bill Customer? _____ Yes _____ No

Freight Acct # _____

Partial Ship? _____ Yes _____ No



SKC Inc.

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