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FOR OFFICE USE ONLY
_____ SALESMAN
_____ TAX ID ATTACHED
_____ CREDIT APP SENT
_____ BILL ID

BILL TO INFORMATION

BUSINESS NAME CONTACT NAME

BUSINESS ADDRESS CITY STATE ZIPCODE

BUSINESS PH# BUSINESS FAX# CELL# EMAIL ADDRESS

PA Sales / Use Tax Exempt?

Exemption Number

All PA orders are subject to 6% PA Sales Tax until a completed exemption certificate is submitted

SHIP TO INFORMATION

CHECK THIS BOX IF **BILL TO** AND **SHIP TO** ARE THE SAME

BUSINESS NAME CONTACT NAME

BUSINESS ADDRESS CITY STATE ZIPCODE

BUSINESS PH# BUSINESS FAX# CELL# EMAIL ADDRESS

How do you prefer to receive invoices?

EMAIL _____

FAX _____

MAIL (USPS) _____

(If different than the billing address) Address _____

City/ST/Zip _____

DIRECTIONS OR SPECIAL INSTRUCTIONS FOR DELIVERIES:

*ALL SHORTAGES AND DAMAGES MUST BE NOTATED ON THE DELIVERY RECEIPT.
VERY IMPORTANT TO COUNT ALL PRODUCT PRIOR TO SIGNING THE INVOICE
*PLEASE ALLOW 48 HOURS FROM THE TIME OF ORDER FOR PICKUP OR DELIVERY.