



### Bill To

(Must match address on credit card account)

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Div/Mstop/Ste# \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ (Required)  
 A/P Contact \_\_\_\_\_

### Ship To

(If different - complete)

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Div/Mstop/Ste# \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ (Required)

Catalog No	Description	Qty	Price/Ea	Total
<b>TOTAL</b>				

### Method of Payment

\_\_\_\_\_ New Account  
 (Include bank and 3 trade references)

---

\_\_\_\_\_ Bill SKC Account # \_\_\_\_\_  
 Net 30 to accounts with existing credit

\_\_\_\_\_ Purchase Order No. \_\_\_\_\_

---

\_\_\_\_\_ MasterCard                      \_\_\_\_\_ Visa  
 \_\_\_\_\_ AMEX                              \_\_\_\_\_ Discover

Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Name on Card \_\_\_\_\_

---

\_\_\_\_\_ COD Order (Fee applicable)

### Special Instructions

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Shipping Method

(FOB SHIPPING POINT)

Carrier \_\_\_\_\_  
 Cust. Freight Acct. # \_\_\_\_\_  
 Partial Ship?        \_\_\_\_\_ Yes        \_\_\_\_\_ No



**SKC-West, Inc.**

PO Box 4133, Fullerton CA 92834-4133 - USA

Tel: (800) 752 - 9378 Fax: (800) 752 - 1127

[www.skctest.com](http://www.skctest.com)

[custserv@skctest.com](mailto:custserv@skctest.com)