



- Patents Pending -

### Raw Materials Order Form

DATE: \_\_\_\_\_ JOB / PO NO: \_\_\_\_\_ JOB NAME: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

**BILL TO**

**SHIP TO**

NAME: _____	NAME: _____
COMPANY: _____	COMPANY: _____
ADDRESS: _____	ADDRESS: _____
CONTACT: _____	CONTACT: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
EMAIL: _____	EMAIL: _____

LINE	AMT	ITEM NUMBER	DESCRIPTION	FINISH
01				
02				
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05				
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09				
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11				
12				
Special Instructions / Notes				

By signing and returning this document, I am requesting Connecticut Screen Works, Inc. fulfill this order as written. I acknowledge that the Policies, Terms and Conditions of Sales listed at [www.connscreen.com/policies.html](http://www.connscreen.com/policies.html) are binding upon this transaction and I accept said policies, terms and conditions fully and without conditions or stipulations. If I have provided a credit card as payment I further authorize Connecticut Screen Works, Inc. to charge all costs associated with this order to my credit card listed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Card Type: ( ) V ( ) MC  
 Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Billing Zip Code For Card: \_\_\_\_\_ Name On Card: \_\_\_\_\_ CVV2 \_\_\_\_\_

**Please submit your completed form by:**  
 - Fax to: 203.741.0895 -  
 - Mail to: CSW, Inc. / P.O. Box 4578 / Wallingford, CT 06492 -  
 - Email: [sales@connscreen.com](mailto:sales@connscreen.com) -

**Save time by ordering on line at [www.connscreen.com](http://www.connscreen.com)**

**Connecticut Screen Works, Inc.**  
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