



**PNEUMATIC
VACUUM ELEVATORS LLC**

14804 S.W. 136th Street, Miami, FL. 33196
Fax: 305-235-6765

SPARE PARTS ORDER FORM

Company Information

Company: _____
 Address: _____

 Ordered by: _____ Title: _____
 Phone: _____ Fax: _____
 Email: _____

Shipping Information

Company/Name: _____
 Address: _____

 Shipping Carrier: FedEx UPS Other _____
 Account #: _____
 Next Day AM Next Day any time 2nd Day Ground

Charge Summary

Qty	Description	Unit \$	Extended \$
		Sub - Total:	
		Tax:	
		Est. Shipping:	
		Grand Total:	

Payment Authorization

Your signature on payment authorization form denotes acceptance of all charges, terms, & conditions.
Credit Card: PVE will use this authorization to charge your credit card account for your order. The exact shipping charge may vary from estimate shipping charge, therefore cost may vary and will be charged as per actual cost not estimate cost. Failure to properly complete this form may result in the payment not being accepted by your credit card institution and your order being declined.

AMEX VISA MASTERCARD
 Account #: _____ Exp. Date: _____
 Security Code: _____ Visa/MasterCard 3 digits on back of Card. Amex 4 digits on back of card
 Cardholder Name (PRINT): _____
 Card holder (SIGNATURE): _____
 Cardholder Billing Address: _____
