handtruckdistributor.com

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Div. of ZAENTZ

Once the Order Form is completed, you may **FAX** it to our **ORDER ENTRY DEPT.** at **1-201-489-6650**

or E-Mail it to: sales@handtruckdistributor.com

Date	PO # if needed	Contact Name			

Address:					
City		State		Zip-Cod	e
Phone	Fax		E-Mail	· ·	
				(Confirmation w	vill be sent to this E-Mail Address)
Ship To	5		W2. V	The second secon	
Add 635			- Comment of the Comm		
City		State_	the state of the	Zip-Code)
	Contact Name				
Please place a ch	neckmark 🧹 next to wh	nat best describes your	Ship To A	ddress:	
Legitimate Com	mercial Building Address	Residential Address	_ School	Job-Site	Military Facility
QTY	CAT# / MODEL #	DESCR	IPTION		UNIT PRICE
		- ×			
			4		
O dit O d T			•	Shipping C	oot:
credit Card Type	e: M/C VISA	_ DISC AMEX		Shipping Co	Using our LTL Carrier
Cardholder's Na	me:				osing our ETE Carrier
Cardholder's Name:				If No Shipping Cost is included on the Order Form,	
Credit Card #:				we will forward you a Shipping Cost for your approval, before the Order is processed.	
				for your approval	, before the Order is processed.
Exp. Date: Credit Card Code # 3 digits M/C ,VISA & Disc., 4 digits AMEX				If you prefer that the Order ship	
				Freight Collect via your own Carrier,	
f the Billing Address for your Credit Card is not the same				please provide us with your	
is your Sold To Address, please provide that Address below:				Carrier's Name & Account # below:	
				Sarrier 3 Name	A ACCOUNT # DEIOW.
ity				Carrier:	
State	7in Codo		, , , , , , , , , , , , , , , , , , , 		
วเสเซ	Zip-Code		-	Account #	