

ORDER FORM

(Please print out this form and fax it to us)

CHADPAK CO., INC.

16141 Covello Street
 Van Nuys, California 91406
 Tel: 818/787-2423 (CHAD)
 Fax: 818/787-2487
 E-mail: Chadpak@hotmail.com

Your Purchase Order # _____

Date _____

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|------------------------------------------------------|--------|------|--------------------|--------|------|
| (Bill To) Name: | | | (Ship To) Name: | | |
| Address: □ □ □ | | | Address: | | |
| | | | | | |
| City: | State: | Zip: | City: | State: | Zip: |

| QUANTITY | □ □ □ □ □ | DESCRIPTION | □ | PRICE |
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F.O.B _____ DATE REQUIRED _____ SIGNATURE OF BUYER _____

RESALE# _____ TELEPHONE # _____ PRINT NAME _____