

SKC Quick Order



800-752-4853

or 281-859-1303

Bill To

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 _____

Purchase Order No. (required) _____

Catalog No	Description	Qty	Price/Ea	Total

Total

Method of Payment

_____ New Account
(Include bank and 3 trade references)

_____ Bill SKC Account # _____
Net 30 to accounts with existing credit

_____ MasterCard _____ VISA _____ AMEX

Card # _____

Exp Date _____

Signature _____

Name on Card _____

Shipping Method

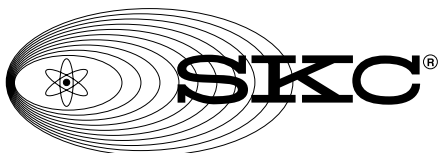
FOB Shipping Point

Carrier _____

Cust. Freight Acct # _____

Partial Ship? _____ Yes _____ No

Bill Customer? _____ Yes _____ No



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