CARGO EQUIPMENT CORPORATION

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☐ **ORDER** ☐ **QUICK QUOTE** ☐**ADD TO MAILING LIST** ☐ **SAMPLE REQUEST**

CUSTOMER ACCT. #: _____ DATE ORDERED: _____

EMAIL: _____ Ship by Date: _____

BILL TO: _____ SHIP TO: _____

_____ _____

_____ _____

P.O. # _____ ORDERED BY: _____ TEL #: _____

PAYMENT TERMS: _____ FAX #: _____

QUANTITY	*STOCK #*	*DESCRIPTION*	*PRICE*	*TOTAL*

ALL PRICES ARE QUOTED F.O.B. OUR DOCK ELGIN, IL UNLESS OTHERWISE STATED.
QUOTES ARE GOOD FOR 30 DAYS
TERMS: NET 30 DAYS TO ACCOUNTS WITH ESTABLISHED CREDIT ☐ **RESALE # _____**

☐**Send Credit Application** ☐ **Send Brochure** ☐ **Send Catalog** ☐**Send Wheelchair Catalog**

COMMENTS:_____

_____

THANK YOU FOR YOUR INQUIRY WE LOOK FORWARD TO SERVING YOU

BY:_____