



## ORDER FORM

Phone: (617) 202-2800 Fax: (617)531-2090 Email: [sales@wmprocess.com](mailto:sales@wmprocess.com)

**CONTACT INFO:**

Date: \_\_\_/\_\_\_/\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT INFO:**

Payment Method: MasterCard ( ) Visa ( ) AMEX ( ) CHECK SENT WITH ORDER ( )

PO# (if applicable): \_\_\_\_\_

CC #: \_\_\_\_\_ EXP Date: \_\_\_/\_\_\_/\_\_\_ CCV/VID Code \_\_\_\_\_ (3 digits on back)

Cardholders Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

I hereby authorize New England Sales, Inc. to charge my credit card for the value of the items ordered plus any shipping charges that apply.

**Billing Address (if different than above):**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Ship to address (if different from billing address):**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

ATTN: \_\_\_\_\_ PO# \_\_\_\_\_

**ORDER/SHIPPING INFO:**

ITEM	QTY	PRICE
		\$
		\$
		\$
		\$

SHIPPING/HANDLING: \$ \_\_\_\_\_ (UPS ground PPA or other)

OTHER CHARGES: \$ \_\_\_\_\_

**TOTAL PRICE:** \$ \_\_\_\_\_

Shipping method: Prepaid (added to invoice): \_\_\_\_\_ Collect: \_\_\_\_\_ If collect please advise shipper and account # \_\_\_\_\_

[www.wmprocess.com](http://www.wmprocess.com)

Please note credit charge and invoice will be from New England Sales, Inc.

Thank you for your order!