



ORDER FORM

809 Wilson Avenue | Sheboygan, WI 53081
Tele: (877) 398-9388 | Fax: (920) 458-3748

Customer Note: This form must be completed in its entirety before any work may be completed.

BILL TO _____ **SHIP TO** _____

Name _____ Name _____

Address _____ Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

TOTAL NUMBER OF PARTS IN PACKAGE _____

DESCRIPTION OF PARTS: _____

POWDER COATING COLOR _____

CERAMIC COATING Cermakrome Satin Black Cast Iron Gray

PAYMENT OPTIONS (Please select) COD/Personal /Company Check Credit Card

Type _____ Number _____ Exp _____

Credit Card Signature: _____ Card Holder Zip Code _____

RETURN SHIPPING METHOD

UPS Ground UPS 2nd Day UPS Next Day Customer Pickup Other

OUT GASSING If you are sending cast parts, please check that you have read and understood the facts about out gassing (see FAQ www.classiccoatings.com/faq.html). _____ I agree

SPECIAL INSTRUCTIONS: _____
