



PO Number: _____

Viscous Damper Order

Date: _____

Bill To:

Company _____

Address _____

City _____

State _____ Zip _____

Country _____

Phone _____

Fax _____

Contact Name _____

Ship To:

Company _____

Address _____

City _____

State _____ Zip _____

Country _____

Phone _____

Fax _____

Contact Name _____

Ship Via: UPS Ground UPS 2 Day Air
 UPS 3 Day Select UPS Over Night

PLEASE NOTE: Orders typically ship within 5 business days. Call regarding special requests.

If you're not sure on what part number you need, please provide a description of the part you are looking for and someone will assist you once the form is submitted.

PART #	DESCRIPTION	QTY.

Payment Method: Mastercard Visa

Name on Card _____

Card Number _____ Exp. Date _____

COD - Money Order / Cashiers Check (Additional \$9.00 for COD)

Wire Transfer (Additional \$35.00)

180 Zoar Valley Road, Springville, NY 14141 • phone: 716.592.1000