## **SALES ORDER FORM FOR PARTS**

DATE:	S/N:	MODEL #:	CUSTO	MER P.O. #:		
ORDER PLACED BY:		POSITION:	E-MAIL:			
BILLING ADDRESS COMPANY NAME:		SHIPF	SHIPPING ADDRESS – IF DIFFERENT			
ATTENTIO	N:					
ADDRESS:						
CITY, ST. Z	IP.:					
ACCOUNTING PHONE #:		PURCH	PURCHASING PHONE #:			
ACCOUNTING FAX:		PURCH	PURCHASING FAX #:			
<u>QTY</u>	PART NUMBE	R DESCRI	PTION	<u>EACH</u>	AMT.	
To confirm	order, please fax to (708	3) 496-0708 with SIGNATUR	RE			
		RCLE 1): MASTERCARD/			PRESS	

The parts quoted are for the serial #'s and models listed above as manufactured by the factory. The Heim Group will not be held responsible for changes and/or modifications after shipment from the factory. Terms are net 30 days. Prices are subject to change. Certain rules may apply. Please inquire about our terms and conditions.

Thank you for your business!



6360 West 73<sup>rd</sup> Street Chicago, Illinois 60638 Phone: 708-496-7450 Fax: 708-496-7428 Parts Fax: 708-496-0708 **800-927-9393**