

ORDER FORM

Insist on *GENUINE* Pierco products.

BILLING ADDRESS

Name: _____
 Company Name: _____
 Street Address: _____
 City, ST Zip Code: _____
 Phone: _____
 Email: _____

SHIPPING ADDRESS

Name: _____
 Company Name: _____
 Street Address: _____
 City, ST Zip Code: _____
 Phone: _____
 Email: _____

PREFERRED SHIPPING METHOD



PAYMENT METHOD

- Check
- Money Order
- Credit Card

CARD TYPE

- Visa
- MasterCard
- American Express

CARD NUMBER

EXPIRATION DATE

*American Express – 4 digit
code on front of card

SECURITY CODE*

*Visa and MasterCard - 3 digit
code on back of card

	QUANTITY	PACK SIZE (1,10,30,52,100)	DESCRIPTION (PLEASE USE THE SAME DESCRIPTION AS THE WEBSITE)	UNIT PRICE	TOTAL PRICE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Office Use Only:				SUBTOTAL	
				(MN RESIDENTS ADD 6.5%, CA RESIDENTS ADD 7.75%) SALES TAX	
Date Received: _____				(CALL (800) 233-2662 FOR ESTIMATE) S&H	
Order Number: _____				ORDER TOTAL	
				AMOUNT ENCLOSED	

Authorized by (Print Name)

Signature

Date



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