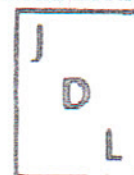


Janitorial Supplies ORDER / QUOTE FORM

Send By Email to : [jdl@jdlprofessionalservices.com](mailto:jdl@jdlprofessionalservices.com)  
or Fax to : 786-375-5570



ORDER FORM

Bill to (please print):

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City & State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Purchase Order Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Ship to (if different from above):

Company Name \_\_\_\_\_

Shipping Address \_\_\_\_\_

City & State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Page #	Item #	Quantity	Product Description	Size & Color	Unit Total	Total Price

Method of payment: <input type="checkbox"/> Bill me <input type="checkbox"/> Check enclosed <input type="checkbox"/> Credit card				Sub Total
Credit card type _____ Credit card number _____ Expiration date _____ Signature _____ Name on card (please print) _____				Applicable Tax
				Shipping & Freight <small>(please call for options &amp; amount)</small>
				Total