



Fax (317) 579-2006

Parts Order Form

Rec # _____

PO # _____

Ship To:

Bill To:

Name _____

Name _____

Address _____

Addr. _____

City/ST/Z _____

C/S/Z _____

Ph#/Fx _____

Ph# _____

Part #	Qty	Description	Unit Cost	Total

Shipping Instructions UPS Ground Freight Pick-up @ APC

Freight Line UPS Freight Towne Air Other _____

Ship To Distributor Builder Home Owner

Bill To Distributor Builder Home Owner N/C

Credit Card Master Card Visa Discover

Sub Total	
Tax	
Shipping	
Total	

Credit Card # _____

Expiration _____ Code # _____ (last 3 digits on back of card)

Requested By: _____ Date: _____ Order Taken By: _____ Date: _____

The undersigned hereby orders the above materials from Automatic Pool Covers, Inc. By signing this order, the purchaser agrees to Automatic Pool Covers' Terms & Conditions.

Purchaser's Signature _____ Date _____

Picked-up By _____ Date _____

Number of Boxes _____

Weight _____

Tracking Number _____

Ship Date _____

Price _____