



FAX BACK ORDER SUBMISSION FORM

ORDER DATE:

CUSTOMER ID:

ORDER ID:

COMPANY: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ E-MAIL: _____

REQ SHIP DATE:

SALES PERSON:

PART ID#:

REVISION:

ORDER QUANTITY:

UNIT PRICE:

PART DESCRIPTION:

EXTENDED DESCRIPTION:

MILLER GASKET