



# American ALDES Ventilation Corporation

## SALES ORDER FORM

|  |              |               |            |         |
|--|--------------|---------------|------------|---------|
| <input type="checkbox"/> NEW CUSTOMER<br><input type="checkbox"/> CURRENT CUSTOMER | DATE ORDERED | DATE REQUIRED | CUSTOMER # | ORDER # |
|--|--------------|---------------|------------|---------|

|  |                        |
|--|------------------------|
| <b>Acct. Name:</b>                                       | <b>Ship To:</b>        |
| Contact Name:  | Attn:                  |
| <b>Bill To:</b>  | Address:               |
| Address:   |                        |
|  | Tag:                   |
| Phone #: <span style="margin-left: 100px;">Fax #:</span> | Phone #:               |
| E-mail:  | <b>Customer P.O.#:</b> |

|   |   |
|---|---|
| <b>Billing:</b> <input type="checkbox"/> <b>Credit Card</b> (contact for number if not on file) <input type="checkbox"/> <b>Established Terms</b> |   |
| <b>CC Holders' Name:</b>  |   |
| <b>CC Billing Address:</b>  |   |
| <b>Ship Via:</b> <input type="checkbox"/> <b>Ground</b> <input type="checkbox"/> <b>Next Day</b> <input type="checkbox"/> <b>2nd Day</b>          | <input type="checkbox"/> <b>Common Carrier</b>    |
| <input type="checkbox"/> <b>Other</b>   | <input type="checkbox"/> <b>Construction Site</b> |
|   | <input type="checkbox"/> <b>Liftgate Service</b>  |

| Part Number | Description | Qty | Unit Price | Ext. Price |
|-------------|-------------|-----|------------|------------|
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|------------------------------|------------------|--|
| <b>Special Instructions:</b> | <b>SUBTOTAL</b>  |  |
|                              | <b>TAX (FL)</b>  |  |
|                              | <b>FREIGHT</b>   |  |
|                              | <b>HANDLING</b>  |  |
|                              | <b>TOTAL DUE</b> |  |

Fax completed form to 941.351.3442  
 E-mail completed form to [info@americanaldes.com](mailto:info@americanaldes.com)