

# JOBBER EQUIPMENT ORDER FORM

EQUIPMENT VENDOR NAME: COATS

AUTO PLUS VENDOR ACCOUNT #: 37543

SUBMIT TO EMAIL: customer.service@ammcoats.com

SUBMIT TO FAX #: 800-688-3659

JOBBER PO (must be assigned Auto Plus Account #): \_\_\_\_\_

PART # _____	QTY: _____	PART # _____	QTY: _____
PART # _____	QTY: _____	PART # _____	QTY: _____
PART # _____	QTY: _____	PART # _____	QTY: _____

## SOLD TO:

*Customer is responsible for off loading*

COMPANY NAME: \_\_\_\_\_ COMPANY CONTACT: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_ COMPANY PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COMPANY EMAIL: \_\_\_\_\_

## SHIP TO:

COMPANY NAME: \_\_\_\_\_ COMPANY CONTACT: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_ COMPANY PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COMPANY EMAIL: \_\_\_\_\_

LIFT GATE REQUIRED: YES NO

*If yes additional charge applies*

HAS WAY TO OFFLOAD: YES NO

RECEIVING CONTACT PERSON (24 Hours in advance of delivery): \_\_\_\_\_

CONTACT #: \_\_\_\_\_

SPECIAL INSTRUCTIONS/NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBMIT**