



JOBBER EQUIPMENT ORDER FORM

EQUIPMENT VENDOR NAME: AGS COMPANY S/O

AUTO PLUS VENDOR ACCOUNT #: 000116

SUBMIT TO EMAIL: customerservice@agscompany.com

SUBMIT TO FAX #:

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