



# JOBBER EQUIPMENT ORDER FORM

EQUIPMENT VENDOR NAME: UVIEW ULTRAVIOLET SYSTEMS AUTO PLUS VENDOR ACCOUNT #: PEP BOYS STORES

SUBMIT TO EMAIL: Dennis.eaton@cpsproducts.com

SUBMIT TO FAX #: 305-687-3743

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**