

OUR REMIT TO ADDRESS:
 DIEMOLD SUPPLY COMPANY
 1609 S. GROVE AVE. SUITE 111
 ONTARIO, CALIFORNIA, 91761
 P-(909)673-1720 OR 1-800-421-3993
 F-(909)923-1720 OR 1-800-953-9561
WWW.DMSCOMPONENTS.COM



DATE _____

FULL COMPANY NAME _____

MAILING ADDRESS:

SHIPPING ADDRESS:

ZIP CODE: _____

ZIP CODE: _____

PHONE #: (____) - _____ - _____

IF SHIPPING ON CUSTOMER ACCOUNT:

FAX #: (____) - _____ - _____

CARRIER: _____

INCORPORATED (x):

ACCOUNT #: _____

YES _____ NO _____

CREDIT AMOUNT REQUIRED: _____

CONTACTS

A/P - _____ (NAME)

FEDERAL ID #: _____

_____ (E-MAIL)

INVOICE PREFERENCE (x):

PURCHASING - _____ (NAME)

MAIL ___ E-MAIL ___

_____ (E-MAIL)

STANDARD TERMS: N/30

IT IS UNDERSTOOD AND AGREED THAT ALL INVOICES WILL BE PAID WITHIN THE TERMS, NET 30

REFERENCES

NAME
 ADDRESS
 CITY
 PROV./STATE
 POSTAL/ZIP
 CODE
 PHONE
 FAX/E-MAIL

_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
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