# PARTS ORDER FORM

**Date:** _____ **P.O. #** _____ **CKS Acct. #:** _____

**BILL TO:**

Company Name: _____

Address: _____

_____

City: _____

State / Province: _____ Zip/Postal Code: _____

Contact Name: _____

Phone: _____ Fax: _____


**Commercial Kitchen Services**

**FAX # 314-890-0705**

808 Hanley Industrial
St. Louis, MO 63144
Tel 314-890-0700
Toll Free 800-966-2936
www.cks-stl.com


**SHIP TO:** (if different than above)

Company Name: _____

Address: _____

_____

City: _____

State / Province: _____ Zip/Postal Code: _____

Contact Name: _____

Phone: _____ Fax: _____

**Shipping:**

- ☐ UPS Ground
- ☐ UPS 3rd Day Select
- ☐ UPS Second Day Air
- ☐ UPS Next Day Air
  - ☐ Early AM Delivery
  - ☐ Saturday Delivery

| Line# | Quantity | Part # | Description | Unit Price | Total Price |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| | | | | Sub Total: | |

**Method of Payment**

- ☐ Bill to Commercial Kitchen Services account listed above (NET 30 days)
- ☐ C.O.D. Authorized Signature: _____
- ☐ VISA Card Number: _____
- ☐ MasterCard Exp. Date: _____
- ☐ Discover Cardholder Name: _____