

Order Form

* Please Phone, Fax or Mail your order to General Saw Corporation for prompt processing.

Item#	Description	Price	Qty.	Total
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Terms and Conditions:

Invoices will be faxed on the first business day after shipping or delivery. Payment is due, in full, within 30 days from invoice date. Term credit requires the approval of our credit application. General Saw has the right to accept or deny any application.

Subtotal	\$
In Florida add 6% Sales Tax	\$
TOTAL	\$

Shipping Charges:


Shipping charges are added at the time your purchase is shipped.

SHIPPING INFORMATION:

Company Name: _____
 Contact Name / Division: _____
 Street Address: _____
 City / State / ZIP / Country: _____
 Email / Phone / FAX: _____

BILLING INFORMATION:

Company Name: _____
 Contact Name / Division: _____
 Street Address: _____
 City / State / ZIP / Country: _____
 Email / Phone / FAX: _____

Credit Card: VISA  MASTERCARD  AMERICAN EXPRESS 

Card Holder Name: _____

Card Number: _____

Expiration Date: _____ 3 / 4 Digit CVC Code: _____