American ALDES Ventilation Corporation
SALES ORDER FORM

☐ NEW CUSTOMER ☐ CURRENT CUSTOMER	**DATE ORDERED**	**DATE REQUIRED**	**CUSTOMER #**	**ORDER #**

Acct. Name:	**Ship To:**
Contact Name:	Attn:
Bill To:	Address:
Address:	
	Tag:
Phone #: Fax #:	Phone #:
E-mail:	**Customer P.O.#**:

Billing: ☐ **Credit Card** (contact for number if not on file) ☐ **Established Terms**	
CC Holders' Name:	
CC Billing Address:	
Ship Via: ☐ **Ground** ☐ **Next Day** ☐ **2nd Day**	☐ **Common Carrier**
☐ **Other**	☐ Construction Site
	☐ Liftgate Service

Part Number	Description	Qty	Unit Price	Ext. Price

Special Instructions:	**SUBTOTAL**	
	TAX (FL)	
	FREIGHT	
	HANDLING	
	TOTAL DUE	

Fax completed form to 941.351.3442
E-mail completed form to orders@amercianaldes.com