

ORDER FORM

| DATE: | | |
|----------|-----------------------|-------------|
| NAME: | | |
| ADDRESS: | | |
| CITY | STATE | ZIP |
| PHONE: | | |
| EMAIL: | | |
| MAKE: | MODEL: | |
| SERIAL: | | |
| JOB DES | SCRIPTION/SPECIFIC IN | ISTRUCTIONS |
| | | |
| | | |
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PLEASE INCLUDE A COPY OF YOUR WORK ORDER AND DRIVERS LICENSE WITH CURRENT ADDRESS.

> PACK YOUR PRODUCT INTO AN APPROPRIATE BOX AND TAKE TO FEDEX OR UPS.

> > SEND TO: C&B QUALITY COATINGS 4 MALL CT. WAREHOUSE SAVANNAH, GA 31406