

# DEALER ORDER FORM



**BFM Group, Inc.**  
 315 Stag Ind'l Blvd.  
 Lake St. Louis, MO 63367  
 636-561-5600  
 Fax: 636-561-5315

Acct # ESA01  
 Dealer – Charge Card or Cashier Check  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_

ORDER PLACED BY \_\_\_\_\_ DATE OF ORDER \_\_\_\_\_ DATE NEEDED \_\_\_\_\_  
 S \_\_\_\_\_ S \_\_\_\_\_  
 O \_\_\_\_\_ H \_\_\_\_\_  
 L \_\_\_\_\_ I \_\_\_\_\_  
 D \_\_\_\_\_ P \_\_\_\_\_  
 T \_\_\_\_\_ T \_\_\_\_\_  
 O \_\_\_\_\_ O \_\_\_\_\_

PURCHASE ORDER NUMBER		SPECIAL INSTRUCTIONS				SHIPPED VIA	
QUANTITY	ITEM #	DESCRIPTION	WEIGHT PER M	PRICING		TOTAL	
				Per 200	Per 1000		
1	RTP	STANDARD REPAIR TAG – 100A	20 LBS.	\$21.00	\$105.00		
2	RTL	IMPRINTED REPAIR TAG – 100I			\$155.00		
3	SOP	STANDARD REPAIR SERVICE ORDER – 200H	35 LBS.	\$45.00	\$225.00		
4	SOL	IMPRINTED REPAIR SERVICE ORDER – 200I			\$265.00		
5							
6							
7							
<b>IMPRINT INFORMATION</b>				<b>SUBTOTAL</b>			
<b>TOP OF FORM</b>				MO Tax .0795			
NAME				IL Tax .0625			
ADDRESS				HANDLING 10.00 Per Order		\$10.00	
CITY/STATE/ZIP				FREIGHT			
PHONE NO.		FAX NO.		<b>TOTAL</b>		\$	
<b>IMPRINT INFORMATION</b>				X			
<b>BOTTOM OF FORM</b>				Customer Signature			
NAME				X			
PHONE							

**DEALER ORDERS ONLY COMPLETE INFORMATION BELOW**

Order Taken By \_\_\_\_\_

Method of Payment     AmEx     M/C     VISA     CASHIERS CHECK With Order or Money Order

Name on credit card \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ V# \_\_\_\_\_ Total Chg. amount \_\_\_\_\_

Initials \_\_\_\_\_ Approval \_\_\_\_\_

TIME                      DATE                      NUMBER