

Milwaukee Resistor Corp. Order Form

Email: sales@milwaukeeresistor.com Fax Number: (414) 362-9876 Date _____

Company _____ Name of Purchaser _____

Billing Address _____ Phone # _____

_____ Fax # _____

Quantity	Customer Part #	MRC Part #	Unit Price
Total			

Shipping Address _____

(Blank if same as billing) _____

Circle One: Visa Master Card American Express

CC # _____

CC Exp. Date _____ Verification # _____

Cardholder Name _____

Statement Address _____

Telephone # _____

Cardholder Signature _____

Special or Additional Comments (including shipping instructions)

Scheduled to Ship _____

(to be filled in my Milwaukee Resistor Corp.)

Purchaser Signature _____

(If different than cardholder signature)