

ChipBLASTER Inc.
FILTER BAG REORDER FORM
 Fax orders to 814-724-6287

YOU HAVE	REORDER PART #	ORDER QUANTITY
_____ 5 micron	3013-5	_____
_____ 10 micron	3013-10	_____
_____ 25 micron	3013-25	_____
_____ 50 micron	3013-50	_____
_____ 100 micron	3013-100	_____
_____ 200 micron	3013-200	_____
_____ Pre-Sock Filter	3017-300	_____
_____ Post Filter	3536	_____

CUSTOMER INFORMATION:

PURCHASE ORDER# _____

CREDIT CARD # _____ EXPIRATION _____

(We accept MasterCard/Visa) IF YOU ARE USING A PURCHASE ORDER # AND DO NOT HAVE AN ACCOUNT SET UP; PLEASE FAX YOUR CREDIT REFERENCES ALONG WITH THIS FORM.

COMPANY: _____

STREET: _____

CITY: _____ STATE/PROVIDENCE: _____

ZIP CODE: _____ COUNTRY: _____

TELEPHONE# _____ FAX# _____

COMPANY WEBSITE: _____

CONTACT: _____ TELEPHONE# _____

IS BILLING ADDRESS SAME AS ABOVE? _____ YES _____ NO

(Please enter Billing Address in the Note Section)

NOTE:

ChipBLASTER INC.
 13605 South Mosiertown Road
 Meadville, Pennsylvania 16335
 (814) 724-6278