



VALVE TAGS

ORDER FORM

P. O. Box 467 | 64 Outwater Lane, Garfield, NJ 07026 973-340-7889 | 800-274-6271 | Fax: 973-340-7809

BILLING ADDRESS		CUSTOMER #	SHIPPING ADDRESS	
Ordered by: _____ Company _____ Mailing Address: _____ _____ City: _____ State: _____ Zip: _____ Tel: _____ Fax: _____			Company _____ Attention: _____ Street _____ _____ City: _____ State: _____ Zip: _____ Tag or Job Name: _____	
E-MAIL				

ORDERING DATA

Purchase Order #: _____ **Order Date:** _____ **Ship Date Requested:** _____
Shipping Method: ☐ UPS Reg. ☐ UPS 2nd Day ☐ UPS Next Day ☐ Other: _____

SPECIAL INSTRUCTIONS

STAMPED VALVE TAGS ORDER					BRIMAR USE ↓ ↓	
PART #	MATERIAL	TAG SIZE	NUMBER OF LINES & LINE SIZE	QUANTITY	Unit Price	Extended Price
	<input type="checkbox"/> BRASS <input type="checkbox"/> Aluminum (Specify color) <input type="checkbox"/> Other		<input type="checkbox"/> 1 Line at 1/4" <input type="checkbox"/> 1 Line at 1/2" <input type="checkbox"/> 1/4" Top & 1/2" Bottom <input type="checkbox"/> 1/4" Top & 1/4" Bottom <input type="checkbox"/> 3 Lines at 1/4"			
	<input type="checkbox"/> BRASS <input type="checkbox"/> Aluminum (Specify color) <input type="checkbox"/> Other		<input type="checkbox"/> 1 Line at 1/4" <input type="checkbox"/> 1 Line at 1/2" <input type="checkbox"/> 1/4" Top & 1/2" Bottom <input type="checkbox"/> 1/4" Top & 1/4" Bottom <input type="checkbox"/> 3 Lines at 1/4"			
	<input type="checkbox"/> BRASS <input type="checkbox"/> Aluminum (Specify color) <input type="checkbox"/> Other		<input type="checkbox"/> 1 Line at 1/4" <input type="checkbox"/> 1 Line at 1/2" <input type="checkbox"/> 1/4" Top & 1/2" Bottom <input type="checkbox"/> 1/4" Top & 1/4" Bottom <input type="checkbox"/> 3 Lines at 1/4"			
	<input type="checkbox"/> BRASS <input type="checkbox"/> Aluminum (Specify color) <input type="checkbox"/> Other		<input type="checkbox"/> 1 Line at 1/4" <input type="checkbox"/> 1 Line at 1/2" <input type="checkbox"/> 1/4" Top & 1/2" Bottom <input type="checkbox"/> 1/4" Top & 1/4" Bottom <input type="checkbox"/> 3 Lines at 1/4"			

CREDIT CARD INFORMATION	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	
Card Number	<div></div>
Expiration Date:	<div> / </div> <div>Month Year</div>
Name on Card	
Billing Address of Credit Card	
City	State Zip
Card Holder Signature (required on purchases of \$450.00 or more.)	

Sub Total	
Sales Tax (N.J. only)	
Freight Estimate (for Credit Cards)	
TOTAL AMOUNT \$	
Tax Exempt:* YES NO	
Tax Exemption #: _____	
*If you have selected Tax Exempt, make sure to fax a copy of your Tax Exempt Certificate along with the order form	