The Choice of Professionals

ORDER FORM

Updated February 2021

Please email this completed form to sales@dwgdistribution.com

Order Date: _____ Order Name: _____ Target Delivery Date: _____

Billing Information

Company: _____

Address: _____

Address 2: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

Contact Name: _____

Shipping Information

Company: _____

Address: _____

Address 2: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

Contact Name: _____

◯ Existing DWG Account Number: _____

◯ New Account (I will submit or have included new account forms)

Item	Description	Quantity	Unit Price	Amount

Sub-total	
Grand Total	

Payment

◯ Credit Card ◯ Net 30 Days (Official Purchase Order Included)

◯ Bank Wire Transfer ◯ Other (See Notes)

Card Number: _____ **Expiration Date:** _____

CSC Code: _____ **Cardholder Name:** _____

Notes:

Internal Use Only

Order Completed:	
Ship Date:	