Internal Order Form

Order Placed By: _____ **PO#:** _____ **Date:** _____

Company Information

Email: _____

Ship To

Company Name		Attention	Title
Street Address	**City, State, Zip**	**Phone**	**Fax**

Bill To

Company Name		Attention	Title
Street Address	**City, State, Zip**	**Phone**	**Fax**

Order Specifications

Your Reference Number (optional)	Clarion Part Number	Size	Quantity*	Drawing Provided (Y/N)

*** Refer to website** www.clarionsafety.com **for minimum quantities**

NOTES:

Payment

☐ **Visa** **Name As It Appears On Card:**

☐ **MasterCard** **Card Number:**

☐ **American Express** **Security Code:** **Expiration Date:**

☐ **On Account**

Clarion extends terms of Net 30 Days to customers with approved credit. First-time customers should fax credit references and bank account information to Clarion (fax: 800-748-0536). Payment must be made in US Dollars. International orders must send payment via wire-transfer or credit card (Clarion account information will be provided on the invoice for International orders).

Phone: 800-748-0241 (within USA) or 570-296-5686 (International)