



**Parts Order Form | ORDER REQUEST DATE:**

Please email completed order forms to [service@us.phcd.com](mailto:service@us.phcd.com) or fax (630) 238-0139.

**Incomplete forms may delay the process of your order.**

Part Number	Description	Model Number	Serial Number	Price Quoted	Qty.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Billing Address		
Company Name:		
Attn:		
Address:	Suite #:	
City:	State:	Zip:
Email:		
Phone:		

Shipping Address		SAME AS BILLING
Company Name:		
Attn:		
Address:	Suite #:	
City:	State:	Zip:
Email:		
Phone:		

Delivery Method				
Ground	2nd Day	Standard Overnight	Priority Overnight	First Overnight
If Applicable: List your freight carrier info to have orders shipped on your freight account:				
Freight Account Number:			Freight Carrier Name:	

Payment	
PO Number:	Other Payment Type*:

\*If paying by credit card, a sales rep will contact you via the phone number provided in the Billing Address section of this form.

Tax Exempt**	Tax ID Number:
**Please attach exemption letter. Tax charges may be applied if exemption letter is not attached when order is being processed. Tax exemptions forms are not saved from past orders when order is paid with credit card.	