PRO-VENT™ ORDER FORM

P.O. Box 23129 • Overland Park, KS 66283-3129
info@pro-vent.com • www.pro-vent.com

OFFICE USE ONLY

WO: _____

PV: _____

Rec'd Date: _____

Contact Name: _____

Business Name: _____

Email Address: _____ Phone #: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Purchase Order #: _____ Date: _____

STOCK IMPRINT

			Price ea.	Qty	Subtotal
DPV100	PRO-VENT	100*	**$9.50** ea.		

CUSTOM IMPRINT

			Price ea.	Qty	Subtotal
CPV100	PRO-VENT	100*	**$10.25** ea.		

*Minimum order quantity of 100 is required on all orders.

There will be an one-time $125 screen charge for ***Custom Imprint* orders only.

INVOICING & PAYMENT:

Upon delivery, we will email an invoice for this order. Payment is accepted via check only. Please make ***payable to Pro-Vent*** and send to:

P.O. Box 23129
Overland Park KS 66283-3129

If you have any questions, please contact us at:
info@pro-vent.com
www.pro-vent.com

NOTES:

Subtotal: _____

Tax: _____

Shipping fee: _____

Total: _____

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