ORDER FORM

ORDER NO.____________

TRANSEL CORPORATION
PO BOX 160
123 E. South St.
Harveysburg, OH 45032. **800-829-8321**

Date________________

513-897-3442 • FAX 513- 897-0738 • e-mail sales@transeltech.com www.transeltech.com

Contact ____
Company ____
Address ____
City ______________________________ State ________ Zip Code ______________
Phone (______) ______________________________ Fax (______) ______________________________
e-mail ______________________________

PART NO.	DESCRIPTION	QUA	UNIT PRICE	TOTAL
		Total Amout of Goods		
		Shipping charge		
		Sales Tax		
		Total enclosed		

CHARGE # ____
EXP. DATE ________________ BANK NAME ______________________________
SIGNATURE ____