

# SUPPLIES ORDER FORM

Contact Name \_\_\_\_\_ Date \_\_\_\_\_

Club Name \_\_\_\_\_

Ship To: \_\_\_\_\_

Street

City

State

Zip

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

(Handicomp will send you a confirmation email of your order)

Order #	Qty	ITEM DESCRIPTION	PO #	PMS Color #	Price/each	Total	Handicomp Acknowledgement Email Date	Date Handicomp Shipped

(FOR HANDICOMP USE ONLY)

Weight of each package: 1) \_\_\_\_\_  
2) \_\_\_\_\_

Shipping Cost: \_\_\_\_\_ + \$5.00

Preferred method of Delivery

  
  

UPS Ground  
UPS Next Day Air  
UPS 2nd Day Air

  
  

US Mail  
Fed Ex Overnight  
Customer Pickup



60 Baldwin Street  
Jenison, MI 49428  
Fax: 616-457-6833  
Email: [handisupplies@handicomp.com](mailto:handisupplies@handicomp.com)

Prices in the supply catalog are subject to change without notice. Shipping charges are prepaid by Handicomp and *added to the invoice.*