Order Form
CFC Distributors, Inc.

8555N St Rd 15
PO Box 8
Roann, IN 46974

Phone: 1-800-548-6633
Fax: 1-800-528-2554

Shipping Information:

Name: _____ Phone: ( ) _____

Address: (No PO Boxes please) _____

City: _____ State: _____ Zip: _____

Order Number	Qty	Description	Price Each	Total Price

If you are tax exempt we must have your Social Security number or a tax ID number to process your order.

_____

Order Total:	
Discount:	
Sales Tax: (Indiana Residents only 6%)	
Freight:	
New Total:	

Method of Payment (circle one please):

Visa MasterCard Discover Check

Credit Card Number:

_____ - _____ - _____ - _____ Exp. date ____/____ 3 digit number on back of card _____