

Kent-Sussex Industries Cartridge Service

Order Form

Company: Bill To		Customer Number	
Phone		SHIP TO Company Name	
Email		SHIP TO Contact Name	
Invoice Contact Name		SHIP TO Address	
Billing address		SHIP TO City/State/Zip	
		PO #	
City/State/Zip		DATE:	

PRICES GOOD FOR 30 DAYS :

Qty	Cartridge Number	Printer Model	Color	Unit Price	Amount	Quote?
						YES / NO

Credit card on file? Yes / No

Credit Card Number: _____ Exp date: _____ 3 Digit Code: _____

Email order to: **KSICartridgeSales@ksiinc.org** Fax: 302-422-4368 302-422-4014 x3126