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 website www.wlimproducts.com

2016 Order Form

Please fax your orders to **(626) 579-1308** or
 email to **sales@wlimproducts.com**. Thank You!

Date: _____

PO #: _____

FROM:			Shipping address, if different:		
Company: _____			Company: _____		
Name: _____			Name: _____		
Address: _____			Address: _____		
Number	Street	City	State	Zip Code	Number
City	State	Zip Code	City	State	Zip Code
Office: () _____		Cell: () _____		PLEASE INDICATE:	
Email: () _____		Fax: () _____		<input type="checkbox"/> Commercial	
If fax number is provided, we will fax you your tracking number				<input type="checkbox"/> Residential	
				<input type="checkbox"/> Signature required upon delivery	
➤ ALL DEALER ORDERS MUST MEET MINIMUM \$100 PURCHASE REQUIREMENT (shipping and/or sales tax not included) <small>\$10.00 service charge will be applied to total order if minimum requirements are not met.</small>					
QTY	ITEM #	DESCRIPTION	PRICE	LINE TOTAL	
SPECIAL REQUESTS/INSTRUCTIONS				Sale Amount	
				Misc. Charges	
SHIPPING INFORMATION				Shipping & Handling	
Please select your shipping preference. <small>All orders will be shipped via UPS. If packages exceed UPS shipping size specifications, it will be shipped via freight. If necessary, please call to confirm shipping costs.</small>		<input type="checkbox"/> Ground <input type="checkbox"/> Next Day <input type="checkbox"/> 3 Day Select <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> 2nd Day <input type="checkbox"/> FedEx		Sales Tax (CA Only)	
PAYMENT INFORMATION				Sale Total	
<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Other _____		Account Number _____ CID _____ Expiration Date _____ Billing Zip Code _____ Print Name _____ Signature _____		Thank you for your business!!	