

DRILLINGWORLD ORDER FORM

BILL TO

Company: _____
 Contact: _____
 Street: _____
 City _____ St: _____ Zip: _____
 Phone : _____
 Fax: _____

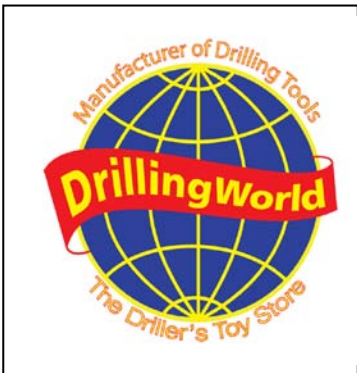
SHIP TO

Company: _____
 Contact: _____
 Street: _____
 City _____ St _____ Zip _____
 Phone : _____
 Fax: _____

Terms: 2% 10, Net 30 _____ C.O.D _____
 Visa: _____ M/C : _____ Amex: _____
 C/C: _____
Exp: _____ 3 Digit Code _____ Card Zip _____
 Billing Address: _____

Date: _____ P.O: _____
Ship Via: **Free Freight? Y or N**
 UPS _____
 UPS RED _____
 UPS BLUE _____
 UPS ORANGE _____
 OTHER _____

| Quantity | Part/Model | Description | Price | Amount |
|--------------|------------|-------------|-------|--------|
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| TOTAL | | | | |



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