ORDER NOW!

ELKAY PRODUCTS CO., INC.
35 Brown Avenue • P.O. Box 149 • Springfield, NJ 07081
To Place **Toll Free Orders: (800) 631-7351**
FAX (973) 912-0418 • Customer Service: (973) 376-7550
e-mail: elkayprod@aol.com • www.elkayprod.com

Date: . . . . . .

Bill to: . . . . . .

Address: . . . . . .

City: . . . . . State: . . . . . Zip: . . . . . .

Ship to: . . . . . .

Address: . . . . . .

City: . . . . . State: . . . . . Zip: . . . . . .

Ship Via: . . . . . Signed by: . . . . . .

Telephone Number: ( ) _____-_____ **Fax:** ( ) _____-_____

e-mail: _____

Have you ordered from us before? Yes ☐ No ☐

CHECK TERMS DESIRED ☐ Charge (See Other Side) ☐ Check With Order

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

TERMS

1% 10 DAYS – NET 30 DAYS
Subject to Credit Approval
F.O.B. Springfield, NJ
Unless Otherwise Indicated

2% SPECIAL DISCOUNT – given when full remittance accompanies order (Does not apply to credit card orders)

TO ESTABLISH A CHARGE ACCOUNT
List bank plus trade references (on back) you are currently doing business with, on open account terms.
SEE CREDIT APPLICATION ON OTHER SIDE

MINIMUM ORDER $35.00

UPS, PARCEL POST, INSURANCE FEES
Allow enough to assure full coverage.
Overpayments will be refunded.

ALL PRICES WHOLESALE NET
FOR THE TRADE ONLY

Orders will be filled at prices in effect at time order is placed.
***Please note: When using a credit card, you must include the CVV number imprinted on the front of AMEX cards, or on the back where the signature strip is located.**

Card Number _____
Expiration Date _____ ***CVV#** _____
Card Issued by ☐ MasterCard ☐ VISA ☐ AMEX ☐ Discover
Signature _____

MINIMUM CREDIT CARD ORDER $50.00

MINIMUM ORDER $35.00 PLEASE FILL IN ALL DETAILS **MINIMUM ORDER $35.00**

ITEM NUMBER	PAGE NO.	DESCRIPTION	QUANTITY	PRICE	AMOUNT		SHIPPING WEIGHT

PREPAID ORDER TOTAL			**TOTAL WEIGHT IN POUNDS**
Less 2% Cash Discount* *(Does not apply to Credit Card Orders)			
TOTAL			
Add UPS Parcel Post, Insurance Fees, & Handling			**See Inside Back Cover**
If located in NJ, Add 7% State Sales Tax			
TOTAL AMOUNT ENCLOSED DO NOT SEND CASH			

All foreign payments must be in U.S. Funds.

☐ **SPECIAL INSTRUCTIONS**
☐ **PLEASE ADD THIS NAME(S) TO MAILING LIST**

_____

_____

_____

ADDRESS _____

CITY _____-STATE _____ ZIP _____

ADDRESS CHANGE
If your address has changed since your last order, give your old address – **Catalog #130**

MINIMUM ORDER $35.00 / MINIMUM CREDIT CARD ORDER $50.00