

**FACE SHIELD  
ORDER FORM**

**DATE:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Bill to:** \_\_\_\_\_

**Ship to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Quantity:** \_\_\_\_\_  
100 per case

**Price:** \_\_\_\_\_

**Tax ID#:** \_\_\_\_\_

**Tax Exemption Certificate #:** \_\_\_\_\_

**Copy of Tax Exemption Certificate includes:** yes    no

**Payment Method:**

Cash

Check

Credit Card

**Name on Card:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Card #:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_