24 HOUR ORDERING SERVICE

USE THIS HANDY ORDER GUIDE FORM WHEN YOU:

CALL, E-MAIL, OR FAX IN YOUR ORDERS TOLL FREE

ORDER DATE	PURCHASE ORDER NUMBER:
COMPANY	
BILL TO ADDRESS	
CITY	STATE: ZIP:
ORDERED BY	
SHIP TO ADDRESS	

ACCOUNT NO.	SHIP VIA	EMAIL ADDRESS

QUANTITY ORDERED	DESCRIPTION OR MESSAGE	PRICE	AMOUNT

On credit card orders, indicate: ❑ VISA ❑ MC ❑ DISC ❑ AMEX Expiration date: _____

Card Number: _____ CVV#: _____ Name on Card: _____

Print full name: _____ Signature: _____

Phone: (_____) _____ Fax: (_____) _____

e-mail: _____

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PLASTIC PROCESS EQUIPMENT, INC. www.ppe.com • e-mail: sales@ppe.com

PPE WEST 6385 Montessouri Street, Las Vegas, Nevada 89113
702-433-6385 • 800-258-8877 • Fax: 702-433-6388

PPE SOUTH 11218 Challenger Avenue, Odessa, Florida 33556
727-834-8888 • 800-282-6783 • Fax: 727-834-8873

8303 CORPORATE PARK DRIVE, MACEDONIA (Cleveland), OHIO 44056, USA
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