



NETFORM® COMPONENT CUSTOMER ORDER FORM

TO BE FILLED OUT BY CUSTOMER	Date: 23/02/2015
Company Name: [REDACTED]	*Contact Name: [REDACTED]
Accounts Payable Information for Invoicing	Delivery Address – (no PO Boxes please)
*Contact Name: [REDACTED]	*Contact Name: [REDACTED]
*Street: [REDACTED]	*Street: [REDACTED]
*City, State: [REDACTED]	*City, State: [REDACTED]
*Postal Code: [REDACTED]	*Postal Code: [REDACTED]
*Country: Japan [REDACTED]	*Country: [REDACTED]
*Phone Number: [REDACTED]	*Phone Number: [REDACTED]
*Fax Number: [REDACTED]	*Fax Number: [REDACTED]
*Email Address: [REDACTED]	*Email Address: [REDACTED]
* = required information	
Shipping will be Federal Express Economy or DHL Express unless requested – Shipping costs will be pre-paid by NetShape and then added to the customer invoice.	
ORDER QUANTITY	
Orders must be full packs (ex: 1 Carton=6 pcs. Bumper Cover; 1 Carton=12 pcs. Energy Absorber; 25 clips=1 Pkg.)	
NetForm® IIHS Barrier Bumper Cover: [REDACTED] _____	\$185.00/carton
NetForm® IIHS Barrier Energy Absorber: [REDACTED] _____	\$178.00/carton
NetForm Clips: [REDACTED] _____	\$4.94/pkg.
Customer Purchase Order #: [REDACTED] _____	
Customer Tax Identification # (required): [REDACTED] _____	

E-mail to [Order Department](#)