

ORDER FORM



730 Madison Ave., P.O. Box 2286, Paterson, NJ 07509
 (973) 278-2410 fax (973) 278-0677

SOLD TO:

Company Name _____
 Contact: _____
 Street Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 E-mail _____

SHIP TO: If different than "Sold To"

Company Name _____
 Contact: _____
 Street Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 E-mail _____

ORDER INFORMATION:

Quantity <small>shts/ctns/rolls</small>	Size	Weight	Description <small>grade/color/finish</small>	Unit Price	Total

METHOD OF PAYMENT:

- *Paterson Paper Account
- Visa MC Amex

***New customers must complete
 New Account Credit Application &
 ST-3 Form.**

Card# _____ Exp. date _____

Print Name on Card _____ Signature _____

No claims of any kind will be considered after goods have been cut, ruled, printed or used, wholly or in part.
 All claims must be made within 30 days.