Custom Casting Services Order Form

Please copy this form, fill in and send to:
10700 Trade Road • Richmond, VA 23236 • **ATTN: Custom Casting Department**

Date: _____ Time: _____ Acct Rep: _____ Page ____ of ____

Bill To: _____ Ship To: _____

_____ _____

_____ _____

_____ _____

Ordered by: _____ Phone: _____ FAX: _____

New Address ❑ New Account ❑ JBT Rating _____ Type of Business _____

❑ **I have read and accepted the Hoover and Strong Custom Casting Guarantee section on the web site.**

Shipping Method

Federal Express: ❑2-Day (Economy) ❑Next Day/AM (Priority) ❑Next Day/PM (Standard)

U.S.Postal Service: ❑Priority Mail ❑Registered Mail ❑Express Mail ❑Other _____

❑Ship Order Complete ❑OK to Part-ship if necessary

Payment Method

❑Net 30 ❑COD ❑Prepay or Refining Credit (1½%) ❑MasterCard ❑Visa

Credit Card #: _____ Special Instructions: _____

Name on Card: _____ _____

Expiration Date: _____ _____

Qty	Karat Color/ Mold	*Type of mold if applicable	*Level of finishing	Description Name of part and/or mold name or number

*Please refer to our web site for mold materials and finishing options.