

PARTS PURCHASE ORDER

Ship To:

Bill To:

Purchased From:

		ATM Express, Inc. P.O. Box 20439 Billings, MT 59104-0439 Phone 877.271.2627 Fax 406.652.7397
Phone	Phone	
Fax	Fax	

Machine Info

Manufacturer: _____ Model: _____ Serial Number: _____ Warranty: Yes No Purchase Date: _____

Part #	Part Description	Qty.

Preferred Carrier

<input type="checkbox"/> UPS	<input type="checkbox"/> FedEx	<input type="checkbox"/> Airborne Express
<input type="checkbox"/> Next Day	<input type="checkbox"/> 2 nd Day	<input type="checkbox"/> Ground <input type="checkbox"/> Saturday Delivery

Method of Payment

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> On Account	CC#: _____ Exp. Date: ____/____ Cardholders Zip Code _____
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Authorized Signature _____