PRO-CUT
ROTOR MATCHING SYSTEMS

TOTAL # OF PAGES» _____

FAX TO» 603.298.8404

LATHE ORDER FORM

SHOP NAME: _____ DATE: _____

CONTACT: _____

EMAIL: _____ PHONE: _____ FAX: _____

BILL TO _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

SHIP TO _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

***SHIPPING & HANDLING**

U.S. & Canada (except Alaska & Hawaii)

$210 per Lathe/Package 9.0/9.2
$250 per Lathe/Package Warthog

Alaska & Hawaii

$350 per Lathe/Package 9.0/9.2
$375 per Lathe/Package Warthog

***SALES TAX**

Product orders are NH sales. State use tax, if applicable, is the responsibility of the buyer.

ITEM NO.	DESCRIPTION	QTY.	PRICE	TOTAL

SUBTOTAL
SHIPPING & HANDLING
*SALES TAX
TOTAL»

PAYMENT METHOD

○ BILL ME *(Net-30)* PO#: _____
○ LEASE *(Application form below)*
○ CHECK ENCLOSED
○ MC ○ VISA ○ AMEX ○ DISCOVER CARD NO. _____

CARD EXP: _____ / _____ SIGNATURE OF AUTHORIZED BUYER: _____

SECURITY CODE: _____ NAME AS IT APPEARS ON CREDIT CARD: _____

LATHE LEASE APPLICATION *(Complete below only if leasing)*

PHONE (IF DIFFERENT THAN ABOVE): _____

FAX (IF DIFFERENT THAN ABOVE): _____

IF DIFFERENT THAN ABOVE

LEGAL NAME / ADDRESS: _____

PRINCIPAL NAME: _____ SSN: _____ D.O.B. _____

HOME ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____ % OWNERSHIP: _____

YEARS IN BUSINESS: _____ TIME UNDER CURRENT OWNER: _____

○ SOLE PROPRIETOR ○ PARTNERSHIP ○ LLC ○ CORPORATION ○ OTHER: _____

TERMS (mos.): _____ ($1 buyout/one-time doc fee/first and last payment required up front)

**I understand this equipment application may be approved based upon my business and personal credit. I authorize the lease company or their assignees to check references, bank accounts, and credit information.*

LEASE AUTHORIZED SIGNATURE: _____ DATE: _____

CONTACT INFO

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