



PHONE: 563-652-6806 • FAX 563-652-2437

### CUSTOM SLEEVE ORDER FORM

Fill out and fax the attached form to Melling Cylinder Sleeves. Make sure to enter all appropriate dimensional information on the supplied templates. Melling Cylinder Sleeves will quote pricing and lead times by return fax or email.

#### CUSTOMER INFORMATION

Customer # (If applicable) \_\_\_\_\_ Date \_\_\_\_\_ Contact Name \_\_\_\_\_

Company Name (If applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### PAYMENT INFORMATION

- Check/Money Order
- Mastercard / VISA / Discover Card / American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### SHIPPING INFORMATION

##### RETURN SHIPPING REQUESTED

- Next Day Air
- 2nd Day Air
- 3-Day Ground
- Standard Ground

Ship to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

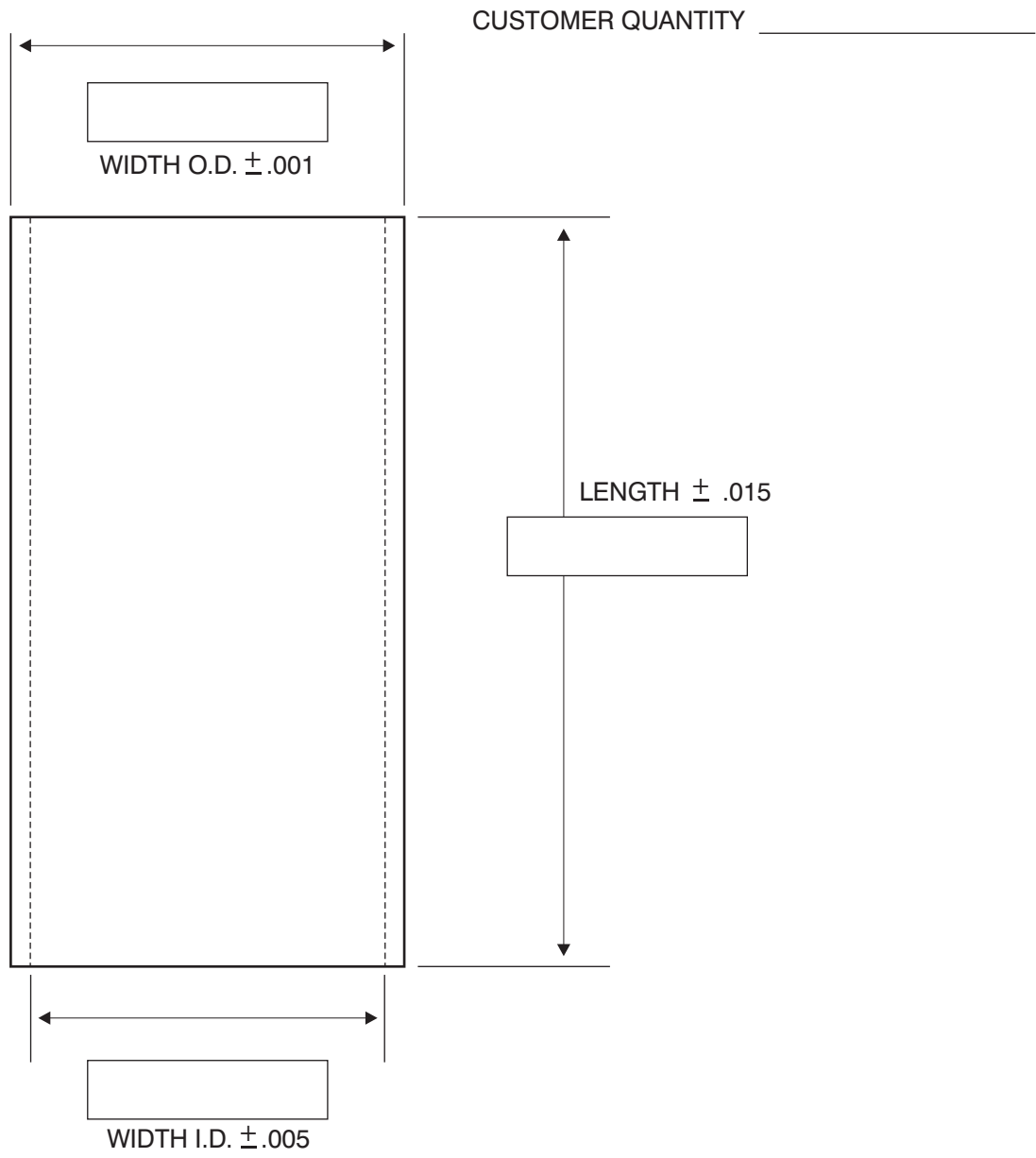
\_\_\_\_\_

Same address as above



# CUSTOM SLEEVE INFORMATION TEMPLATE

**A.**

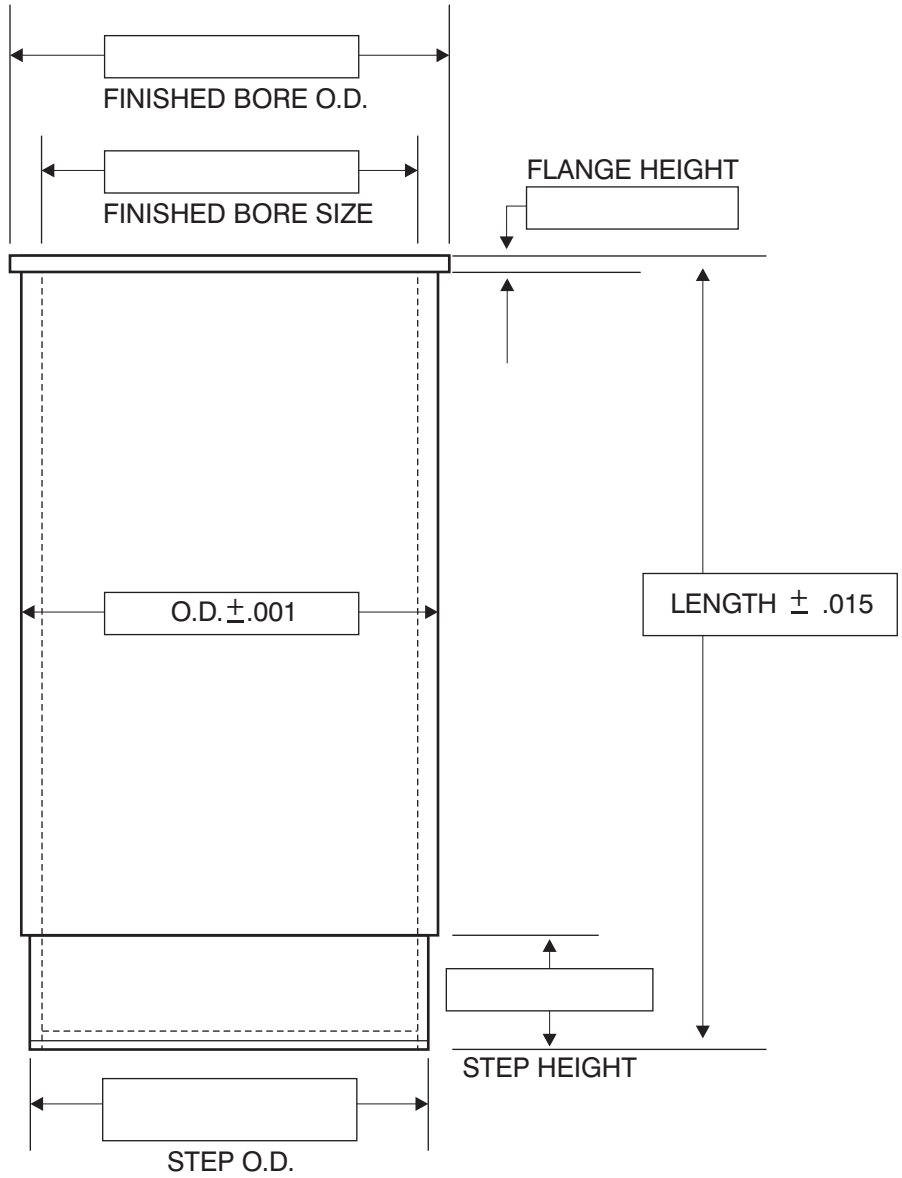


CUSTOMER # \_\_\_\_\_ CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

CUSTOMER QUANTITY \_\_\_\_\_

**B.**



CUSTOMER # \_\_\_\_\_ CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_