SUPPLIES ORDER FORM

Contact Name _____ Date _____

Club Name _____ Club #_____

Ship To:_____
Street

_____
City State Zip

Phone (_____)_____

Email _____
(Handicomp will send you a confirmation email of your order)

Order #	Qty	ITEM DESCRIPTION	PO #	Laser or DM	PMS Color #	Price/ each	Total	Date Needed by	Handicomp Acknowledgement Email Date	Date Handicomp Shipped

(FOR HANDICOMP USE ONLY)

Weight of each package: 1)_____
2)_____

Shipping Cost:_____ + $5.00

Preferred method of Delivery

- ☐ UPS Ground
- ☐ UPS Next Day Air
- ☐ UPS 2nd Day Air
- ☐ US Mail
- ☐ Fed Ex Overnight
- ☐ Customer Pickup

60 Baldwin Street, PO Box 87
Jenison, MI 49429
Phone: 800-833-0033x3103 Fax: 616-457-6833
Email: handisupplies@handicomp.com

Prices in the supply catalog are subject to change without notice. Shipping charges are prepaid by Handicomp and *added to the invoice.*