# Order Form

Industrial Commercial Scales

## Your Details:

TITLE: | FIRST NAME: | SURNAME: | OCCUPATION:

COMPANY NAME:

DELIVERY ADDRESS:

TOWN: | STATE: | POSTAL CODE:

TELEPHONE: | FACSIMILE: | EMAIL:

**Is this your first order from ICS?** Yes ☐ No ☐

## Your Order:

| Code | Qty. | Product Name | Total Cost |
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• Shipping Based on volume and weight

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|---|---|
| Add 1.5%: | |
| Sales Tax 6% (SC) | |
| Shipping: | |
| Total | |

## Payment Details:

PAY BY CREDIT CARD (FILL IN DETAILS BELOW)

☐ Bankcard ☐ Visa ☐ Mastercard ☐ Amex

CARD NO.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXPIRY DATE:

NAME ON CARD:

Secuity Code (3 digits on back of card near signature line)

PAY BY MONEY ORDER (WRITE MONEY ORDER# BELOW):

SIGNATURE:

## How to Order:


Phone: **(314)754-6358**
Fax: **(314)754-7482**
email: **sales@icscale.com**
Postal **2320 Airpark Rd.**
**Charleston SC, 29406**