

PARTS ORDER FORM

www.maxonmobility.com



Upon receipt of this order, confirmation and pricing will be returned to the sender's address. Please contact Customer Service at 1-800-227-4116 or email us at cservice@maxonlift.com with any questions. Thank you for choosing MAXON.

Maxon Account #:			
Company Name:			
Contact Name:			
Telephone #:		Email:	
P.O. #:		Date:	

BILLING ADDRESS

Company Name:			
Billing Address:			
City:		Country:	
Province / State:		Postal / Zip Code:	

SHIP TO

Company Name:			
Address:			
City:		Country:	
Province / State:		Postal / Zip Code:	

Shipping Instructions:

In the spaces below, please provide the name and phone number of your preferred carrier.
To ship via Maxon's common carrier, leave those spaces BLANK. The freight charges will be included on your price confirmation.

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Carrier Name:			
Carrier Telephone #:		Required Ship Date:	

Additional Delivery Instructions:

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