



"Solutions for your biggest problems."

ORDER No. _____ NEW OLD

Date _____

PO Box 635, Grover, MO 63040-0635 877-273-9030

Send invoice to:

Name _____
 Attn: _____
 Title _____
 Address _____
 City _____
 State _____ Zip Code _____
 Phone (w/area code) _____

Ship to:

Name _____
 Attn: _____
 Title _____
 Address _____
 City _____
 State _____ Zip Code _____
 Phone (w/area code) _____

Customer PO Number: _____ When shipped: _____ How Shipped: _____

Salesperson: _____ FOB PLANT Credit OK TERMS: Net 10 days

Item No.	Quantity	Package	Description	Unit Price	Unit	Total

PLEASE READ THIS ORDER AND SEE THAT IT CONTAINS THE ITEMS AND QUANTITIES THAT YOU HAVE ORDERED. The customer certifies that this order is correctly written and that there are no conditions or agreements relating to the purchase which are not written on this order. If the Customer issues a purchase order covering this order, all terms and conditions of said purchase order inconsistent with this order are null and void. This order is subject to acceptance by Titan Industrial Chemicals, LLC, at its home office. Upon such acceptance, without further notice to the Customer, this order becomes a valid contract governed by the laws of the State of Missouri. All transportation charges are to be paid by the Customer. The responsibility of Titan Industrial Chemicals, LLC, ceases when goods have been delivered to transportation company. All claims for damage must be made to the carrier. Delivery of this order shall be contingent upon availability of materials and labor, strikes, acts of God, riots, warfare, government laws or regulations and/or conditions beyond the control of Titan Industrial Chemicals, LLC. Quotations subject to change without notice. All claims for errors, or adjustments of any kind, must be made in writing within 5 days after receipt of goods. In the event collection action becomes necessary, the Customer agrees to pay all collection expenses, attorneys' fees and court costs plus legal interest on the past due account.

Customer's Signature _____ Salesperson's Signature _____

Request for MSDS sheets: 877-273-9030 636-273-9055 fax White: OFFICE COPY Yellow: SALESPERSON'S COPY Pink: CUSTOMER'S COPY