## PLASTICS ONE, INC. **ORDER** DATE: P.O. BOX 21465, ROANOKE VA 24018 **ENTRY** PLANT: 6591 MERRIMAN RD. SW 24018 **FORM** PHONE: 540-772-1166 FAX: 540-777-5900 ACCOUNT NUMBER BILL TO: SHIP TO: ZIP\_\_\_\_\_ ZIP\_\_\_\_\_ CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: EXT FAX: SHIP VIA: PURCHASE ORDER NUM: \_\_\_\_\_ ACCOUNT NUM IF COLLECT: \_\_\_\_\_ TO BE PUT ON A CREDIT CARD YES \_\_\_\_\_ NO \_\_\_\_ UPS GROUND\_\_\_\_\_ 3<sup>RD</sup> DAY \_\_\_\_ 2<sup>ND</sup> DAY \_\_\_\_ NEXT DAY \_\_\_\_ CREDIT CARD# \_\_\_\_\_ FED EX GROUND\_\_\_\_ 2<sup>ND</sup> DAY \_\_\_\_ NEXT DAY \_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE\_\_\_\_ DHL GROUND\_\_\_\_ 2<sup>ND</sup> DAY \_\_\_\_ NEXT DAY \_\_\_\_ NAME ON CARD: QUANTITY DESCRIPTION PRICE TOTAL

QUANTITY	DESCRIPTION	PRICE	TOTAL