



PACKING SLIP

Bill To:

Ship To:

| | |
|------------------------|-----------------|
| Purchase Order # _____ | Date: _____ |
| Phone Number: _____ | Ship Via: _____ |
| Contact Name: _____ | |
| E-Mail Address: _____ | |

| Quantity | Description of Item | Description of Work to be Completed | Price |
|----------|---------------------|-------------------------------------|-------|
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(Does not include freight charges & taxes, if applicable)

**We gladly accept VISA, MASTERCARD,
or DISCOVER Credit Cards.**

*** Cut out and use as a shipping label ***

All orders are payable in advance of
shipment unless previous credit
arrangements have been made.

TO:

**Metal Coating
Company
1700 Elida Road
Lima, Ohio 45805**

**METAL COATING
COMPANY
1700 ELIDA ROAD
LIMA, OHIO 45805**

Toll-Free: (800) 274-3417
Phone: (419) 229-4010
Fax: (419) 229-4020