

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

(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