Visit our website www.bladeshop.com for blade type descriptions & special offers

ORDER FORM

Date_____ **Purchase Order #**_____

Order placed by_____

Phone #_____

2891 Rodman Drive
Seneca Falls, NY 13148

Phone: 315-568-8093
Fax: 315-568-8146
Email: sales@bladeshop.com

Bill To:		**Ship To:**	
Company Name:		Company Name:	
Attention:		Attention:	
Phone:	Fax:	Phone:	
Street Address:		Street Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:

QUANTITY	TYPE (1-8)	DESCRIPTION (SEE A-F BELOW)

Payment Method

- ☐ **Mastercard**
- ☐ **Visa**
- ☐ **American Express**

Card#_____

Expiration Date_____

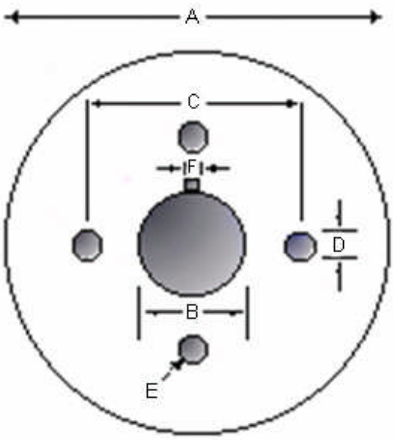
Name on card_____

Signature_____

- ☐ **C.O.D.**
- ☐ **Open Account** *

*(If you do not already have an open account with us and would like to establish one, please attach the names, addresses & phone numbers of one bank and three companies you do business with for credit references. Our terms are net 30 days from date of invoice.)

Mounting Hole Pattern



A – Blade Diameter
B – Center Hole Diameter
C – Bolt Circle Diameter
D – Pin Hole Diameter
E – Number of Pin Holes
F – Keyway Size & Position (if needed)