



# Parsons Pest Management

## Internet Store Order

DATE: \_\_\_\_ / \_\_\_\_ / 20\_\_

### Shipping Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: (    )       -      

### Billing Information (ONLY if different)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Alternate Phone Number: (    )       -      

Are Shipping and Mailing address the same?: Yes / No

If NO Shipping Address \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Can we include you in our email list? Yes / No

### Order Information:

Preferred Shipping \_\_\_\_\_ Special Instructions \_\_\_\_\_

Product Number \_\_\_\_\_ Product Name \_\_\_\_\_ Size \_\_\_\_\_

Quantity \_\_\_\_\_ (X) Cost Per \$ \_\_\_\_\_ (=) Extended Cost \$ \_\_\_\_\_

Product Number \_\_\_\_\_ Product Name \_\_\_\_\_ Size \_\_\_\_\_

Quantity \_\_\_\_\_ (X) Cost Per \$ \_\_\_\_\_ (=) Extended Cost \$ \_\_\_\_\_

Tax (TX only) \$ \_\_\_\_\_ Shipping \$ \_\_\_\_\_

Total Chargeable \$ \_\_\_\_\_

Payment Method: Credit Card—MC, VISA, Discover, AMEX, COD (circle one)

Credit card Information: Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / 20\_\_

CCV Code (3 digit code on back of card) \_\_\_\_\_