Attn: _____

Dealers Supply Company
110 SE Washington Street
Portland, Oregon 97214

PH: 503.236.1195
FX: 503.236.4314
Tax ID 93-0491659

Commercial Order Form

CUSTOMER NAME: _____ ORDER DATE: _____

☐ DELIVERY ☐ WILL CALL ☐ DIRECT SHIPMENT

Job Name: _____ PO Number: _____

Jobsite Contact Person: _____ Phone # for Contact: _____

Delivery Address / Scheduling

Delivery Date: _____/_____/_____ Req ETA: _____

Street Address: _____ State: _____ Zip: _____

Special Directions: _____

Order Confirmation

Contact Name: _____ ❑ Confirm Order ❑ Do Not Confirm

❑ Call Office # to Confirm _____ ❑ Call Cell # to Confirm _____

❑ Fax to # _____ ❑ Email to: _____

QTY	U/M	Product Name, Brand, Color, Size, Type, etc)

Delivery Instructions

☐ ROOF TOP
☐ GROUND DROP
☐ DSCO CREW
☐ MEET CREW
☐ DSCO CRANE
☐ MEET CRANE

☐ NEW CONSTRUCTION
☐ RE-ROOF

Jobsite Obstructions (power lines, trees, objects, vehicles, etc)

_____
_____
_____

Accessible sides of building (N,S,E,W, etc)

_____

Levels / Stories of Building _____

Product Placement _____

_____

Roof Pitch: _____

Sales Person: _____ Order Checked by: _____

Confirmed via (circle one) if applicable: Office Phone Cell Phone Fax Email