



Fax Toll Free to: **1-800-329-2763**  
 Email to: **office@blueridgemoulding.com**

# ORDER FORM

**Please Print Clearly**

Company \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ PO # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ ☐ Please add me to your email list to receive specials & UPS Tracking Info

Acct # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Special Instructions:

☐ Pickup ☐ Ship UPS ☐ Ground ☐ 1-Day ☐ 2-day ☐ 3-Day  
☐ Truck : Carrier \_\_\_\_\_ ☐ PPA ☐ Collect

Qty	Item #	Frame Size	Length	Chop	Join	W/L
		X				
Notes:						
		X				
Notes:						
		X				
Notes:						
		X				
Notes:						
		X				
Notes:						

Name \_\_\_\_\_ Signature \_\_\_\_\_