

Note: Thoroughly review and complete all sections.

ORDER FORM

TO:
EDON CORPORATION

1160 Easton Road Horsham, PA 19044
215-672-8050 215-672-9014 fax
www.edon.com

Date: _____

Edon Quote #: _____

Customer Ref. #: _____

Customer:

Name: _____

Project Name: _____

Address: _____

Ship To: _____

Contact: _____

Ship Contact: _____

Phone: _____

Phone: _____

Fax: _____

Date Required: _____

QTY ORDERED	DESCRIPTION	PRICE

For orders shipping to **PA** or **NJ** add sales tax or provide exemption certificate: \$ _____

(Edon does not collect sales tax for any other states)

Total: \$ _____

SHOP DRAWINGS:

Edon will submit CAD shop drawings for approval on every project unless waived in writing. Shop drawings include details, installation instructions, attachment recommendations, and breakdown of materials to be produced

If you wish to waive shop drawings for approval please initial here: _____

If your order requires a custom color gelcoat please provide a sample with your order and payment.

Signature: _____ Date: _____

PLEASE SIGN & RETURN ONE COPY - you will be receiving order confirmation and invoice for deposit shortly.
Edon accepts all major credit cards, 3% fee per transaction will be added.