



ORDER FORM

64 West 48th Street, Suite 900, New York, NY 10036
 212-391-2962 • 800-352-1472 • Fax: 212-391-9149
 www.qualitycasting.com

Date of Order: _____

Customer Order #: _____

Account #: _____

INVOICE TO: _____

FILE #

choose one
 pickup

deliver

ship: method _____

STYLE #	MOLD	Kt.	Clr.	Qty.	Wax	Information
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

ORDER PLACED BY: _____

TAKEN BY: _____