# Kimark Specialty Box Order Form

| Purchase Order No. |
|---|
| Date Ordered |
| Date Needed |

**COPY AND FAX YOUR ORDER**


**Mail To:**
**Kimark Specialty Box**
**34 Beech Street**
**Manchester, NH 03103**

**Phone: (603) 668 - 1335**

**Fax: (603) 668 - 4549**

**Email to: kimarksales@comcast.net**


| **Customer Address:** |
|---|
| Name |
| Street |
| City, State & Zip |
| Phone |
| Ordered By |

| **Shipping Address:** |
|---|
| Name |
| Street |
| City, State & Zip |
| Phone |
| Ordered By |

| Quantity | Product Number | Description | Color | Size | Total |
|---|---|---|---|---|---|
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***Please take a 8% discount off of all first time orders of 5,000 or more.***
***Applies to all new customers only.***

Subtotal