

PARTS ORDER FORM

Billing Address:		Shipping Address: (If Different)	
Name:		Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Phone:		Phone:	

Quantity	Part Number:	Description:	Price:	Total:

Total:	A	
No Tax* <small>(except for MA customers)</small>	B	
Shipping*: <small>(within USA)</small>	C	\$5.99
Total Enclosed:(A+B+C=D)	D	

Model Number of the Vacuum:	
<small>(Be sure to include your model and type.)</small>	
Comments :	

Payment
Check or Money Order. (Do not send currency.)
OR
Credit Card : VISA DC MC AMEX
Acc. Number:
Expiration Date:
X

SIGNATURE
PAYABLE TO:
eVacuumStore.com
550 Adams ST # 357
Quincy, MA 02169

For Any questions please call 866-972-8227 or email to: support@evacuumstore.com

Printed in USA

*Shipping cost may vary due to weight and oversized packages.

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