

Click the 'Date' field to begin filling in this form. Tab to move among the other fields, or click the field you want to fill in.

<b>Date:</b>	<b>PO#</b>
<b>Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	

Mail to: FilterSolution.com  
 P.O. Box 948  
 Patterson, LA 70392

Toll Free Fax: 866-941-4794 Call Toll Free 866-385-2098

**Bill To (If paying by credit card, as it appears on your credit card statement):**

**Shipping To: Same as Bill To**

Name	Name ( Company Name if shipping to a business)
Street	Street
City, State, Zip	City, State, Zip
For Canada – Province, Postal Code	For Canada – Province, Postal Code

Quantity	Code/Part #	Item/Description	Price per Item	Subtotal

**Sales Tax (Louisiana residents only)**

**Shipping Charge (If applicable)**

**Credit Card #** \_\_\_\_\_

**Card Security Code** \_\_\_\_\_

**Order Total**

(The 3- or 4-digit number that follows your account number on the back of your card.)

**Exp. Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Check Enclosed**

**Thanks for choosing us!!**