|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PURCHASE ORDER**  **“COLD WEATHER MODIFIED” Corrosion-Inhibited Magnesium Chloride Deicer** | | | | | | |
| **Product Name: FreezGard LITE CI Plus Contractor Name: Dustbusters Enterprises, Inc.** | | | | | | |
| **Price Agreement No. 2595 Order Date:** | | | | | | |
| **Delivery Destination:** | | | **Bill To:** | | | |
|  | | |  | | | |
| Ordered By: | **Name:** | | | **Title:** | | |
| **Phone:** | **Email:** | | | **Fax:** | | |
| Order Quantity # \_\_\_\_\_\_\_\_ Tons | **Order No.** | | | Delivery ScheduleDay:\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ | | |
| Net Price: |  | | | 3-day order \_\_\_\_\_ initials  6-day order \_\_\_\_\_ initials  15-day order \_\_\_\_initials  Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/20\_\_\_\_ | | |
| Special Delivery Instructions: | | | | | | |
| Weekend/Holiday Delivery: | | | | | | |
| This order form, in addition to any exhibits or addenda attached, is placed against State of Oregon Price Agreement #2595. The terms and conditions contained in the Price Agreement apply to this purchase and take precedence over all other conflicting terms and conditions, express or implied. There are no understandings, agreements or representatives, oral or written, not specified herein. | | | | | | |
| AP Authorized Representative(type/print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **AP Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contractor’s Authorized Representative (type/print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contractor’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| FOR CONTRACTOR USEorder is scheduled to be delivered on | | | | | | |
| **Day** | | **Date** | | | **Approximate Time** | |
|  | |  | | | \_\_\_\_\_ AM \_\_\_\_\_ PM | |
| **Order Number and Quantity (Tons)** | | **Dispatched To** | | | **Confirmed By/Date** | |
|  | |  | | | |  |
| Comments: | | | | | | |
| **Fax Order to (208) 532-3300 or e-mail** [**sharee@pmt.org**](mailto:sharee@pmt.org)  For delivery or billing inquiries please contact Sharee Fassett at (208) 532-5253 | | | | | | |