WWW Order Form

PLEASE FEEL FREE TO MAKE COPIES OF THIS FORM TO MAIL OR FAX

EDSON®
146 Duchaine Blvd. New Bedford, MA 02745-1292
Telephone: 508-995-9711 Free Fax 1-800-338-5021

Date:_____
PO #:_____

SOLD TO: *PLEASE PRINT CLEARLY*

NAME_____
ADDRESS_____
CITY_____**STATE**_____**ZIP**_____
DAYTIME PHONE( )_____
EMAIL_____

Deliveries cannot be made to a post office box.
Please include your street address.

SHIP TO: *IF DIFFERENT THAN "SOLD TO"*

NAME_____
ADDRESS_____
CITY_____**STATE**_____**ZIP**_____
PHONE_____

IMPORTANT!

Boat Mfg._____ **Length**_____ **Year**_____

Quantity	Part #/Size	Description	Weight	Price	
			Merchandise Total		
			Mass. Residents Add 5% Sales Tax		
			Shipping Charge *See Ordering Instructions*		
			TOTAL		

☐ **Check or Money Order** ☐ **VISA or MASTERCARD**

Please Print Card Number Here

Exp Date_____ Security Code (on back signature line)_____

Signature Required_____ Date_____