Eaton Brothers Corp.

Serving the Death Care Industry Since 1934

ORDER FORM

Date: _____

Bill to: _____

Street Address: _____

City _____ State _____ Zip _____

Contact Person: _____

Phone: _____ Fax: _____

E-mail address: _____

Ship to: ☐ same as above Name: _____

Street Address: _____

City _____ State _____ Zip _____

☐ Charge Freight Purchase Order #: _____

☐ Sales Tax Exempt - NYS Resale #: _____

ITEM #	QTY	DESCRIPTION	PRICE

PAYMENT METHOD:

☐ Open Account ☐ Need to Establish Account - Please Fax Info

☐ Credit Card - Name on Card: _____

☐ Visa ☐ Mastercard ☐ American Express

Card #: _____ Expiration Date: _____

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