



TRUSS EQUIPMENT ORDER FORM

Fax Orders to: 903.887.0443

P.O. Box 1267 • Mabank, TX 75147

800.521.3245 • www.eaglemetal.com

Date: _____

Company: _____

Contact: _____

Billing Address: _____

Company Purchase Order No.: _____

Phone: _____

Fax: _____

Shipping Address: _____

TYPE OF MACHINE:

Field Repair Press

___ Model 15 Hose length: _____ Platen size: _____

___ Model 35 Hose length: _____ Platen size: _____

Production Presses

___ TP 100 Trolley: Yes No

___ TP 300 Trolley: Yes No

___ TP 600 Trolley: Yes No

FastCut Saw

___ FastCut Saw

Splicer

___ Model SP 1000

Manufactured Home Press

___ MH 15
Hose length: _____ Platen size: _____

Jack Splicing Table

___ Jack Splicing

Fastrac Systems

___ 42' Roof System With Press: Yes No Type of press: _____

___ 62' Roof System With Press: Yes No Type of press: _____

___ 30' Floor System With Press: Yes No Type of press: _____

___ 30' Stand alone Floor With Press: Yes No Type of press: _____

Special notes and modifications: _____

Shipping Information:	<input type="checkbox"/> UPS (if UPS, please check the following: <input type="checkbox"/> NDA <input type="checkbox"/> Ground)
	<input type="checkbox"/> Common Carrier <input type="checkbox"/> Other: _____
Billing Information:	<input type="checkbox"/> On Account <input type="checkbox"/> COD
	<input type="checkbox"/> Credit Card: Type _____ No. _____ Exp. _____

Equipment confirmation with shipping costs will be faxed to you for final approval.