

DEALER ORDER FORM



EasyCare Inc.
The Ultimate in Hoof Protection

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www.easycareinc.com

Company Name: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Contact Name: _____ Ext: _____
 Email Address: _____

PO#: _____

Order Type

- Standard
 Drop Ship
 Rush**

**Please call for ship date on all rush orders.

Ship to: _____
(Only if different from above or a Drop Ship order.)
 Address: _____

 City: _____ State: _____ Zip: _____
 Phone #: _____

QTY.	ITEM #	SIZE	COLOR	DESCRIPTION	UNIT COST	TOTAL COST

All faxed/mailed in orders will be confirmed by phone or fax after receipt of the order. You will be told of back orders and any special shipping information at that time. If you do not receive a phone or faxed confirmation from us about your order (within 24 hours- weekends excluded), please call us to confirm that we have received it.

Subtotal:

Special Notes or Instructions:

Please print name of person who placed this order:

Freight charges will be assessed at the time the order is placed.
 All COD orders are charged the standard UPS COD charge on top of regular Freight charges.
 All Direct Ship to Customer orders are charged a standard \$7.00 direct ship fee per order.