

MALCOM DISTRIBUTORS INC.,

Dealer's Drop Ship Form.

Date/Time: _____ Salesperson: _____

Ordered By: _____ Terms: _____

Company: _____ Dealer Code: D_____

Tel No: _____ Picked by: _____

NO	Item Code/Description	Units	Avail.	Price
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Drop Ship to:

Name: _____

Company Name: _____

Address: _____

City, State, ZIP _____

NOTE: Please fax or email your invoice if you want them included in the package otherwise there will be no document include in the box.

Our Drop Ship assurance: Drop Ship with us in confidence. We do NOT include any invoice or advertising material.

FAX your Drop Ship Request to: (718) 205-6405

After faxing your order, please call your Malcom Distributors Inc. Sales Rep @ (718) 565-8140 to confirm receipt. Thanks.