

SCHROEDER INDUSTRIES EXPEDITE FORM

(E-MAIL TO mailto:sisales@schroederindustries.com)

DATE:			
Submitted by PERSON:			
COMPANY:			
E-MAIL:			
FAX:			
Please indicate if this is a		FIRM ORDER	
(Please mark only one):		INQUIRY	
		EXISTING ORDER	
			1
If existing order,		YOUR P.O. #:	
please indicate:		SCHROEDER S.O. #:	
		CURRENT SCHEDULE	
		DATE:	
Product Required:		QUANTITY:	
		DATE NEEDED:	
Are Partial Shipments		Yes	
Acceptable (Pls. mark one):		No	
D	D-1-	T	
Required Shipping Date:			
Method of Shipm	ent:		
For INQUIRIES: If we make the required ship date, will SI get the order:		Yes	
		No	
		INU	
[N] (O)		Г	
Name of Customer:			
Why is standard de	elivery not a	cceptable: (Please be spec	cific).

NOTE:

- 1) Same day shipments are considered for Extreme Emergencies Only.
- 2) For orders requesting expedited shipment, discount will be reduced. Please see discount guide.
- 3) Any delivery requested within 3 working days must use a priority shipping method.
- 4) For details of our Expedite Policy, refer to L-2383.

FEEDBACK (To be completed by Schroeder):