COMMERCIAL ACCOUNTS
WARRANTY & RETURN DEPARTMENT

BILLING INFORMATION

Date: _____

*Name: _____ *Rank: _____ *Unit designation: _____

*Address - Line 1: _____

*Address - Line 2: _____

*City: _____ *State: _____ *Zip Code: _____

Phone Number: _____ Fax Number: _____ *E-mail Address: _____

SHIPPING INFORMATION

(If different than billing)

*Name: _____

*Address - Line 1: _____

*Address - Line 2: _____

*City: _____ *State: _____ *Zip Code: _____

REQUEST FOR QUOTE

PLEASE NOTE : THIS REQUEST FORM IS FOR AUTHORIZED COMMERCIAL ACCOUNTS CUSTOMERS ONLY.
E-MAIL COMPLETED REQUEST TO macquote@sbdinc.com (allow 5 business days)

PART NUMBER	ITEM DESCRIPTION	QUANTITY	PART NUMBER	ITEM DESCRIPTION	QUANTITY

***MANDATORY FIELDS MUST BE COMPLETED IN FULL. ANY QUOTE REQUEST RECEIVED WITH MISSING INFORMATION WILL BE RETURNED.**

E-mail requests for quotes or mail completed order forms to:
Mac Tools
Attn: Commercial Accounts
505 N. Cleveland Ave.
Westerville, OH 43082