



**PACKING LIST FOR SUMAX SERVICES**

**Ship to:**

Sumax  
122 Clear Road  
Oriskany, NY 13424  
PH# (315) 768-1058  
FX# (315) 768-1046

**Customer Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

P.O.# \_\_\_\_\_

Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ CCV Code: \_\_\_\_\_

Quan.	Description of Part to be Finished	Color	Service	Price (optional)
<b>Total:</b>				

Replacement cost of parts listed above \$ \_\_\_\_\_  
(Note: We will insure the parts for this amount plus the cost of services.)

**NO PERSONAL CHECKS PLEASE**  
**THANK YOU FOR YOUR BUSINESS**