

CUSTOMER ORDER FORM



686 S. Adams Street
Kansas City, KS 66105
913-321-9000

Date: _____

New Customer: Yes No

Name of VF Rep: _____

Company Name: _____

Customer /
Ordered by: _____

Customer Phone: _____

Delivery or
Customer Pick-up: Delivery Customer Pick-up

Is this a Job Site? Yes No

Business or
Residential: Business Residential

Shipping Location
Requirements: Truck Lift Gate Needed
 Pallet Jack (on truck) Needed
 Call Notification
 Appointment Required
 Existing Off-loading Dock at site

Click any / all that apply

Special Delivery
Instructions:

Name: _____

Shipping Phone: _____

Shipping Address: _____

City / Town: _____

State / Province: _____ Zip Code: _____

Billing Address
different than
Shipping Address? Yes No

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Billing Information:

Billing Address: _____

City / Town: _____

State / Province: _____ Zip Code: _____

Order Details:

Date Required: _____

Order Contact Name: _____

Order Contact Phone: _____

Order Confirmation
Email Address: _____

Ship Date / Tracking
Info Requested? Yes No

Billing Account set up
with VersaFlex? Yes No

Yes, Customer Name/
Reference Number: _____

For existing customers who already have a line of credit with VersaFlex. Contact us if you don't know your Customer Name / Reference Number.

No, Cardholder's
Phone Number: _____

Please provide card holder's direct phone number so we can make immediate contact with card holder to verify payment. This is required for us to begin processing your order. Credit cards cannot be accepted on this form or by email.

Purchase Order
Number: _____

Project / Job Name: _____

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Product Details 1:

Product / Item 1: _____

Units: _____

Packaging / Size: _____

Color (VFxxxx): _____ Color Name: _____

Additional Notes: _____

Product Details 2:

Product / Item 2: _____

Units: _____

Packaging / Size: _____

Color (VFxxxx): _____ Color Name: _____

Additional Notes: _____

Product Details 3:

Product / Item 3: _____

Units: _____

Packaging / Size: _____

Color (VFxxxx): _____ Color Name: _____

Additional Notes: _____

Product Details 4:

Product / Item 4: _____

Units: _____

Packaging / Size: _____

Color (VFxxxx): _____ Color Name: _____

Additional Notes: _____