Harken Safety & Rescue Order/Quote Form

Quote or Purchase Order: Purchase Order Number: Payment Method – **CHOOSE ONE** ☐CC ☑Check ☑Wire Transfer/ACH:_____ (Please do not enter cc #)	Business Name: Purchaser's Name: Phone: Email: **Tax Exempt?** If yes, please provide certificate/ letter
*****PLEASE ALLOW TWO BUSINESS DAYS FOR PROCESSING***** **Email completed form to: SRSupport2@harken.com**	

Billing Address	Shipping Address
Billing Name:	Shipping Name:
Street Number:	Street Number:
City, State, Zip:	City, State, Zip:

*MANDATORY -**MUST INCLUDE PART NUMBER/ SKU**

Quantity	*SKU/ Part #	*Description	Size If applicable	Color If applicable

Comments/ Notes: