

Insure Flow Backflow Alarm System Order Form



Sold To: _____

Ship To: _____

Contact Name: _____

Contact Phone: _____

P.O. #: _____

Job Tag Name: _____

Payment Information: *(Payment must be made in full by credit card.)*

Name on Card: _____

Card Number: _____

Billing Address: _____

Expiration Date: _____ (mm/dd/yyyy)

Security Code: _____ 3 digit code located on reverse of card

System Information:

1" NPT

Base Price Ea: _____ Quantity: _____ Total Price: _____

1-1/2" NPT

Base Price Ea: _____ Quantity: _____ Total Price: _____

Total Cost:

Total Order Cost:

*Illinois orders will have sales tax added

Please fax order to CBM @ 708-385-5415