



Order form

Date: _____

Ph:1-800-525-4435
Ph: 1-510-568-8129
Fax: 1-510-568-2355

Purchase Order # _____

9999 San Leandro Street
Oakland, CA 94603
www.coldice.com

Company Name: _____

Contact Person: _____ E-mail: _____

Phone: _____ Fax: _____

How did you hear about us? _____

Bill To:	Ship To:
Street:	Street:
City, St., Zip:	City, St., Zip:

Check here for residential delivery:

Credit Card Information: Please contact our office. (2% credit card processing fee)

Shipping instructions:

Receiving hours: _____ Do you require a Liftgate: Inside Delivery: (Additional fees for services)

Do you require a delivery appointment? (If so, please provide information) _____

Please email orders to: orders@coldice.com.

Item #	Quantity	Unit	Price	Total Amount

Freight charge to be added to order if applicable.
Minimum \$100.00 purchase to process order.