



ORDER FORM

Stain Barrier

DATE: _____

DATE REQUIRED FOR DELIVERY: _____

PRODUCT SIZE: Standard 5 gal.

QUANTITY: _____ PO #: _____

SHIPPING INFORMATION

Shipping Instructions: (Pick Up) (Drop Ship) _____

Company Name: _____

Name: _____

Address: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

BILLING INFORMATION (If Different Than Shipping)

Name: _____

Address: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Signature: _____

Printed Name: _____

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 www.taraliners.com/stainbarrier