



LIFT, INC.

PARTS ORDER FORM

Check Box: **CONSIGNMENT** **NON-CONSIGNMENT**

Attention: _____ Sheet _____ of _____

Date: _____ **Ordered By:** _____

Customer: _____ **P.O. No.:** _____

Location: _____

Telephone: _____ **Fax:** _____

	Part Number	Quantity	Description	Truck Reference	Price Quoted
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

Corporate Headquarters
3745 Hempfield Road * Mountville, PA 17554
(717) 662-1800 * Fax (717) 662-1837

Regional Office
5353 Bernville Rd. * Rt. 183 * Bernville, PA 19506
(610) 488-1040 * Fax (610) 488-1128

Regional Office
2897 South Reach Rd. * Williamsport, PA 17701
(570) 323-7718 * Fax (570) 567-0069

Regional Office
6210 Trindle Rd. * Mechanicsburg, PA 17050
(717) 691-8820 * Fax (717) 691-8850