

Will Call (Pick-Up) Request Form

Company Name:_____

	Pick-up Dat	te:	(Tuesdays Only)		
/	Address:				
			_ Email:		
	JUNO Inv#	PO#	Job Name	Quantity	
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*Requests should be made by Friday Noon (12 pm) or before and then your order will be released on the following Tuesday. *All orders on this form must be picked up. If not, they are subject to \$15 restocking fee for each order. *Written requests can be submitted by fax or email. NO VERBAL REQUEST!					
Pr	int Name:			-	
Signature: Date:					