



Safety and Health Council
of North Carolina

Safety and Health Council of North Carolina
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DATE: _____
Salesperson: _____

BILL TO: _____
Attn: _____

SHIP TO: _____
Attn: _____

PO# _____
Type of Credit Card _____
Credit Card Number _____
Name on Card _____
Expiration Date _____

Phone: _____
Email: _____

Verification Code _____

Member Non-member

Member number (if available) _____

QTY	Stock Number	Item Description	Unit Price	Total
		Sub-Total		
		TAX		
		Shipping and Handling (Approximation)		
		Grand Total (Bill of Lading Only)		

Revised 3/182015

- Ground
- Next Day Early AM
- Next Day
- 2nd Day
- 2nd Day Early AM
- 3rd Day Select