



New York Minute Inc.

2115 Linden Blvd., Suite 101
 Elmont, NY 11003 U.S.A.
 Tel: 516.285.0900 ▪ Fax 516.285.1153
 Email: ghd249@aol.com
 www.nyminuteusa.com

NO. _____

INVOICE / ORDER FORM

SOLD TO:

Date: _____

Company Name _____			
Contact Name _____			
Address _____		City _____	State _____ Zip _____
Tel _____		Fax _____	Email _____
Resale # _____		P.O. # _____	
Shipping Address (if different from above) _____ _____			
Attn: _____			

QTY	ITEM	No. of Cases
_____ Skid	160 cases per skid (24 cans per case)	
_____ Skid	144 cases per skid (24 cans per case)	
_____ Container	18 skids—2880 cases (24 cans per case)	
_____ Container	20 skids—2880 cases (24 cans per case)	
		Total Number of Cases
		X Cost per case
		TOTAL COST

Payment Requirements:	Total Cost _____
Method of Payment: <input type="radio"/> Wire Transfer <input type="radio"/> Bank Check (allow 3-5 days to clear) <input type="radio"/> Letter of Credit	

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 Customer

Notes:

1. No product will be delivered, or picked up, without full payment.
2. Product will not be produced until 2nd payment is received.