



www.orangenyny.com

ORANGE COUNTY
CHAMBER OF COMMERCE

40 MATTHEWS ST. SUITE 104
GOSHEN NY 10924
845 551 9546
INFO@ORANGENY.COM

PPE ORDER FORM

CONTACT / BUSINESS INFO

RECIPIENT NAME:

COMPANY NAME:

STREET ADDRESS:

CITY, STATE & ZIP:

PHONE:

EMAIL:

COMMENTS OR SPECIAL INSTRUCTIONS:

ITEMS

| ITEM # | DESCRIPTION | QTY | UNIT PRICE | TOTAL |
|----------------------|----------------------|----------------------|-------------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
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SUBTOTAL: \$

8.125% SALES TAX: \$

HANDLING: 5% OF SUBTOTAL: \$

NON- MEMBER FEE 5% OF SUBTOTAL: \$

TOTAL AMOUNT DUE: \$

PAYMENT MUST ACCOMPANY ORDER. NO ORDERS WILL BE PROCESSED WITHOUT PAYMENT IN FULL.
PLEASE MAKE CHECKS OUT TO ORANGE COUNTY CHAMBER OF COMMERCE. FOR CREDIT CARDS
PLEASE USE BELOW CREDIT CARD AUTHORIZATION. PLEASE EMAIL ORDER TO INFO@ORANGENY.COM
PLEASE PUT PPE IN THE SUBJECT LINE



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ORANGE COUNTY
CHAMBER OF COMMERCE

PPE PAYMENT AUTHORIZATION

DATE:

MEMBER #:

INVOICE #:

CHECK

CHECK # ENCLOSED:

AMOUNT \$:

NOTES:

CREDIT CARD

VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER

COMPANY NAME:

NAME OF CARD HOLDER:

CREDIT CARD#:

EXPIRATION:

SIC CODE:

AMOUNT \$:

ZIP CODE:

EMAIL ADDRESS FOR RECEIPT

YOUR SIGNATURE:

DATE:

*BY SIGNING YOU HEREBY AUTHORIZE THE ORANGE COUNTY CHAMBER OF COMMERCE TO
CHARGE THE CREDIT CARD FOR THE AMOUNT LISTED ABOVE*

Questions?

Email: info@OrangeNY.com

Phone: 845.294.1700

Web: OrangeNY.com