



Sierra Pacific Casting, Inc.

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ORDER FORM

Today's Date: _____ Purchase Order #: _____

Customer Name: _____ Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Email: _____ Website: _____

California Residents Resale No.: Yes No

Model # / Description	Qty of Molds Needed		Castings		Special Instructions
	Vulcanized	RTV	Metal	Qty	

If you'd like to order something that doesn't fit on this form, please tell us below (e.g., "I need 5 waxes from the mold").

When sending your molds or models, please include this printed order form for faster processing.
Upon receipt of your order, we'll contact you for credit card information.