

**HayMaster**  
**Nutrition Injection Systems, Inc**  
Phone: 912.353.8586 Fax: 912.353.8587 Toll: 866.891.5656

Order Form

To help save on shipping cost, HayMaster encourages you to contact your local dealer (see our website [www.haymastersystems.com](http://www.haymastersystems.com) for dealer list and contact information), even if they are out of state, before placing an order with our corporate office in Savannah, Ga. If you choose to order through corporate, please fill out \*sections 1 and 2 and fax to our office at 912.353.8587 for review

Date \_\_\_\_\_  
Company/Customer Name \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Ph. # \_\_\_\_\_ Cell ph. # \_\_\_\_\_  
Fax # \_\_\_\_\_ Email address \_\_\_\_\_  
Name of person authorized to place order \_\_\_\_\_  
Is this your first order with our company? Yes \_\_\_\_\_ No \_\_\_\_\_

Fill out sections 1 and 2 and fax this form to us 912.353.8587. We will verify it and fax it back to you for your final approval and signature. Then you will fax it back to us to confirm order. Order will be placed once payment is received.

**\*Section 1-Injection Devices:**

Portable Handheld Model (PHH)-Quantity Ordered \_\_\_\_\_  
3 Point Hitch Model (3PH)-Quantity Ordered \_\_\_\_\_  
Front End Loader Model (FEL)-Quantity Ordered \_\_\_\_\_

**\*Section 2-Concentrates:**

Sweet Roll- # of pallets ordered \_\_\_\_\_ # of 250 gallon totes ordered \_\_\_\_\_  
Bale Booster 20- # of pallets ordered \_\_\_\_\_ # of 250 gallon totes ordered \_\_\_\_\_

**Section 3-For office use only:**

Office- Please fill in this section and fax back to customer for final approval and signature.

# of FEL's ordered \_\_\_\_\_ x \$ \_\_\_\_\_ each = \_\_\_\_\_  
# of 3PH's ordered \_\_\_\_\_ x \$ \_\_\_\_\_ each = \_\_\_\_\_  
# of PHH's ordered \_\_\_\_\_ x \$ \_\_\_\_\_ each = \_\_\_\_\_  
# of pallets ordered \_\_\_\_\_ x \$ \_\_\_\_\_ each = \_\_\_\_\_  
# of totes ordered \_\_\_\_\_ x \$ \_\_\_\_\_ each = \_\_\_\_\_

Total price \$ \_\_\_\_\_ (injection devices and concentrates)

Estimated ship date\* \_\_\_\_\_ Shipping Company \_\_\_\_\_

Shipping cost \_\_\_\_\_ Sales Tax \_\_\_\_\_

**Total due before delivery is scheduled\*\*** \_\_\_\_\_

Please remit payment to: **HayMaster Nutrition Injection Systems, Inc**-2338 Rowland Ave., Savannah, Georgia 31404

Order processed by: \_\_\_\_\_

**\*Delivery dates are provided to us by the factory and shipping company. They are estimated and not guaranteed. We will do our best to meet said dates; however, if circumstances cause a delay in shipping, that delay will not negate this order.**

**\*\*Payment is due in full before shipment is finalized. Please mail check to us or provide your credit card information. Your Check # \_\_\_\_\_ here or Credit Card Name (Visa, MasterCard, etc) and number with expiration date here.**

**By signing below I approve this information and authorize you to place order upon receiving my payment. (Do not sign until this order is faxed back to you for final confirmation).**

\_\_\_\_\_  
Signature of person authorized to place this order \_\_\_\_\_ date \_\_\_\_\_