



Minvalco

Job Details

Customer:

Account Number: _____

Name: _____

Address: _____

Phone: _____

Job:

Name: _____

Address: _____

Phone: _____

General Contractor:

Name: _____

Address: _____

Phone: _____



Signature: _____

Purchase Order # _____

(Request Confirming P.O.)

Please fill out and return to: Minvalco Inc.

4749 Old Highway 8 Suite 110

Mounds View, MN 55112-1529

(763)786-5030

FAX (763)786-5052

