Order Form - Generlink

Zip:

Member Price Quantity

\$700.00 + Tax

\$800.00 + Tax

MSR: _____

Cost

(Please choose 1, 2, or 3):	
If you do not plan to come to our office to so indicate your method of payment below with [] Request a Jackson Countrepresentative call for payment receipt of this	ent upon with this order form
Member Signature:	Account #: Phone#:

State:

Date: _____

Description/Part#

Generlink with standard 20 foot cord (30amp)
Generlink with standard 20 foot cord (40amp)

City:



Contact Information
Phone:
812-358-4458
Email:
OEwebsiteinquiries@jacksonremc.com
Mailing Address:
PO Box K
Brownstown, IN 47220



For Office Use Only
Service Order#:
Date Installed: