



**N.C. FOREST SERVICE
CLASS A FOAM PURCHASING PROGRAM FOR FIRE DEPARTMENTS
ORDER FORM**



Name of Department: _____ Purchase Order#(if applicable) _____

Billing Address: _____

County: _____

Name of Chief: _____

Email Address _____

Contact Person: _____ Daytime Telephone # _____

DESCRIPTION/SIZE	# OF PAILS REQUESTED	PRICE PER PAIL	TOTAL
ASTARIS PHOS CHEK WD881 CLASS A FOAM – 5 GALLON PAIL		82.15	

**RETURN TO: NC FOREST SERVICE- 2411 Old US 70 W. Clayton, NC 27520
or FAX to: 919-553-4486**

Signature of Fire Chief: _____ Date: _____

DO NOT SEND PAYMENT WITH ORDER. YOU WILL BE INVOICED.

ORDER TOTAL: _____
*NO SHIPPING CHARGES OR TAXES APPLY

FOR NCFS USE ONLY
CHECK AMOUNT: _____
CHECK NUMBER: _____

Additional information regarding the foam purchasing program can be found at www.ncforestservice.gov