



**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.