

Date: _____
 Sold To: _____

 Street: _____

 City: _____
 State: _____ Zip: _____ Country: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____

Sold By (*Sales Person*): _____
 Ship To: _____

 Street: _____

 City: _____
 State: _____ Zip: _____ Country: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____

*If payment is made by credit card, **SOLD TO** section **MUST** be completely filled out with card holders **Billing Name and Address***

Credit Card Number _____ Expiration Date _____
 _____ — _____ — _____ — _____ _____ _____ _____
 Month Year Code

Name (*exactly as it appears on card*) _____

VISA _____ MASTER CARD _____ AMERICAN EXPRESS _____ OTHER _____

How Did You Hear About Us and Special Instructions:

L	Item #	Item name	Qty.	Price	Total	Pulled
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

Shipping Method: UPS FedEx Other COD (fees apply)
 Ground Next Day AM Next Day Air 2nd Day 3rd Day Saturday Delivery

Office Use Only

Weight: _____
 Package Size: _____
 Tracking #: _____

Sub Total:	
Shipping & Handling:	
COD/Misc:	
TOTAL:	