

Order Form

Billing Information	Card Type: MasterCard Visa American Express																																																																																										
	Company Name: _____																																																																																										
	Name on Card: _____																																																																																										
	Billing Address: _____																																																																																										
	City: _____ State: _____ Zip: _____ Country: _____																																																																																										
	Credit Card#: _____ - _____ - _____ - _____ Exp.: ____/____ CVV#: _____																																																																																										
	PO #: _____																																																																																										
	Daytime Phone: (____) _____ - _____																																																																																										
Email Address: _____																																																																																											
Shipping Information	<input type="checkbox"/> Same as above <input type="checkbox"/> Residential Address																																																																																										
	Attention: _____																																																																																										
	Address: _____																																																																																										
	City: _____ State: _____ Zip: _____ Country: _____																																																																																										
Order Information	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">PN</th> <th style="width: 45%;">Description</th> <th style="width: 10%;">Qty.</th> <th style="width: 15%;">Unit Price</th> <th style="width: 10%;">Ext. Price</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							PN	Description	Qty.	Unit Price	Ext. Price																																																																															
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Shipping fees and sales tax (PA only) will be calculated when your order is processed.		Subtotal																																																																																									
		Minimum Order Fee		If order is less than \$25, add \$5.00 to order																																																																																							
		Grand Total				\$																																																																																					
UPS Shipping Method (circle one): Ground 3Day Select 2 nd Day Air 2 nd Day Air A.M. Next Day Air Saver Next Day Air																																																																																											
Date: _____ Signature: _____																																																																																											