



# SALES ORDER FORM

DATE: \_\_\_\_\_

**BILL TO:**

**SHIP TO:**

Company/Organization		[ ] Company/Organization		[ ] Residence	
Address line 1:		Address line 1:			
Address line 2:		Address line 2:			
City:		City:			
State/Province & Country		Zip/Postal Code:		State/Province & Country	
Phone:		Phone:			
Fax:		Fax:			
E-Mail:		E-Mail:			
Attention (name):		Attention (name):			
Department:		Department:			

**Payment Method**

Visa  
  MasterCard  
  American Express  
  Discover  
 Credit Card #: \_\_\_\_\_  
 Visa, MasterCard or Discover 3 digits on the back of the card \_\_\_\_ American Express 4-digit on the front of the card \_\_\_\_  
 (\*\*We must have the Validation Code (CVV) in order to process a credit card payment\*\*)  
 (\*\*We only ship to address on credit card unless special arrangements have been made in advance\*\*)  
 Name on card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 C.O.D.       Will mail check. Contact with total amount including freight.  
 Purchase Order number is: \_\_\_\_\_  
 (\*\*Customers who wish to establish Net 30 Day terms should contact our accounting department for details.\*\*)

Qty.	Item #	Description	Each	Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**Shipping Information (\*\*Default: FedEx - Ground - Signature Required\*\*)**

Ship via -->  FedEx     UPS     USPS     DHL     Other \_\_\_\_\_

**Shipping Options**

Ground     
  Overnight     
  2-Day Air     
  3-Day Economy     
  Priority 1

Prepay & add freight to my charges  
  Charge my account with chosen carrier. Acct# \_\_\_\_\_  
 Deliver product without Signature Required. (\*\*Written authorization required to ship without signature Required.\*\*)

Deliver product to a Residence. (\*\*There is an extra charge to ship to a residence.\*\*)

**Date Needed or Special Instructions:** \_\_\_\_\_