

**APPLIED
MEMBRANES INC.
ORDER FORM**

**Please fill out and
Fax to: (760) 727-4427**

P.O. # _____

Fax# _____

Address to Bill To: (or provide Acct# Below)	Provide Address to Ship To:
Company: _____ Attention: _____ Address: _____ _____ Phone: _____ -or- Account # (if known) _____	Company: _____ Attention: _____ Address: _____ _____ Phone: _____
Payment (Check One)	
<input type="checkbox"/> Bill to my account: <input type="checkbox"/> I have an existing account with terms. <input type="checkbox"/> I have enclosed a credit application (approval may take 7-10 days)	
<input type="checkbox"/> Prepayment (Please see banking information)	
<input type="checkbox"/> Credit Card: (Visa, MasterCard, American Express): # _____ Exp. _____	
Ship Via: _____	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect: Carrier Acct# _____

Qty.	Item Number	Description	Unit Price	Extended Price

*Sales Tax Charges may apply for California and Texas residents
 *Pricing is Ex-Works, Vista CA

Total Sales Amount:	\$ _____
----------------------------	----------

APPLIED MEMBRANES INC.® Systems and Components
AMI® Membranes, APPLIED® Filters