

# Order Form

Bill To:	Ship To:
Company: _____ _____	Company: _____
Attention: _____	P.O. # _____
Address: _____ _____	Attention: _____
Phone: _____	Address: _____ _____
-Or- Account # _____	Phone: _____
(If known) _____	Fax: _____

**Payment (check one)**

**Bill to my account:**  
 I have an existing account with terms  
 I have enclosed a credit application (approval may take 7-10 business days)

**Prepayment (please see banking information)**

**Credit Card (Visa, Mastercard, American Express, & Discover):**  
 # \_\_\_\_\_ Exp. \_\_\_\_\_

**Ship via:** \_\_\_\_\_

**Prepaid**  
 **Collect: Carrier Acct #** \_\_\_\_\_

Qty.	Item Number	Description	Unit Price	Extended Price

<b>Special Instructions:</b> _____ _____	<b>Total Sales Amount:</b>	\$
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\*Sales Tax Charges may apply for California Residents. Please fax a copy of your re-sale certificate for California tax exemption.

\*Pricing is Ex-Works, Vista, CA and in US Dollars.

*Please Complete and Fax to: 760-727-4427*