SALES ORDER FORM

Date:_____

MINIMUM ORDER OF $20.00

Buyer Name:_____

Billing Address:

_____

_____

_____

_____

Shipping Address:

_____

_____

_____

_____

Buyer Tel #: _____

Acct Tel #: _____

Fax #: _____

Purchase Order #:_____

Shipping Method:_____

Tax Exempt #:_____

Quantity	Model Number	Description	Unit Price	Total	Required Date

Special Instructions: Test Data: Cert. of Compliance: _____

_____

Payment Method:

Credit Card: Visa _____ MasterCard _____ American Express _____ Discover _____

Card Number: _____ Expiration Date ____/____

Exact Name on Card: _____

Billing Address for Credit Card if different than Bill to address above:

_____

_____

_____