



Date: _____

PO#: _____

Fax this form to (603)843-7550



Select your Products

Product	List Price	Ext.d Price	Quantity	Total

MFI Number (If Required)



Select your Shipping Method

Method	Account #	Class of Service	Cost	Select (Check as required)
Own Account: FEDEX				<input type="checkbox"/>
Own Account: UPS				<input type="checkbox"/>
Own Account: DHL				<input type="checkbox"/>
Billed to Invoice		US Postal Service	USD 20.00	<input type="checkbox"/>
Billed to Invoice		FedEx 2 Day	USD 20.00	<input type="checkbox"/>
Billed to Invoice		FedEx Next Day	USD 40.00	<input type="checkbox"/>
Billed to Invoice		FedEx Intl. Air	USD 75.00	<input type="checkbox"/>



Select your Tax Rate

Tax Exception	Select (Check as required)
License Number	<input type="checkbox"/>
State Tax Rate	
California	7.25% <input type="checkbox"/>
Residents (Santa Clara County)	8.25% <input type="checkbox"/>



Contact Information

Details	Shipping Address	Billing Address (if different)
Company Name :		
Contact Name :		
Phone : + ()		
Fax : + ()		
Email : @		



Credit Card Information

Card Type (eg. VISA)	Name on Card	Card #	CVV Security #	Expiry Date