

Please complete the following Shipping and Billing information:

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Ship To:

COMPANY:			
ATTENTION:		DEPT:	
SUITE:		FLOOR:	
STREET:			
CITY:	STATE:	ZIP:	COUNTRY:
TELEPHONE:		FAX:	
E-MAIL:			

Bill To: Check this box if information is the same as above.

COMPANY:			
ATTENTION:		DEPT:	
SUITE:		FLOOR:	
STREET:			
CITY:	STATE:	ZIP:	COUNTRY:
TELEPHONE:		FAX:	
E-MAIL:			

Method of Payment

Payment Information: Prepayment in full is required on all First-Time and International orders. Orders must be prepaid in US Dollars.

Purchase Order

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Our payment Terms are Net 30 days. Please send a copy of your P.O. if available.

Credit Card

Card Type: Visa MasterCard American Express

Credit Card Number:	
Name on Card:	
Expiration Date:	