ORDER FORM

468 N. Camden Drive, Suite 200 Beverly Hills, CA 90210
Tel: (877) 532-1112 Fax: (877) 404-7366
100% SATISFACTION GUARANTEE

Date: _____

PO #: _____

Bill To:	Ship To: (Complete if different from billing)
Company Name:	Company Name:
Contact Name:	Name:
Address	Address
City: St: Zip:	City: St: Zip:
Phone: Fax:	Ship via: __ UPS Ground __UPS Next Day
E-mail:	__ UPS 2nd Day __ UPS 3rd Day

QTY	Part #	DESCRIPTION	UNIT PRICE	EXT. PRICE
			SUBTOTAL	
			Tax: (CA 8.25%)	
CREDIT ORDERS				

o Credit Card: (__AMEX __Visa __ Master Card) Name on Credit Card: _____ Card Number: _____ Exp. Date: __/__/__ Signature: _____	* Ground shipping unless other-wise indicated above.

Terms: $4.00 handling charge for order less than $50. Free shipping for orders more than $500.

Authorized Signature: _____ Title: _____

FAX COMPLETED FORM TO: (877) 404-7366