PURCHASE ORDER #_____ **DATE:**_____
ORDERED BY:_____ **ORDER TAKEN BY:**_____
CUSTOMER #_____

BILL TO: **NAME:**_____
ADDRESS:_____
CITY:_____ **STATE:**_____ **ZIP:**_____
PHONE:_____ **FAX:**_____
E-MAIL: (for order confirmation):_____

SHIP TO: **NAME:**_____
ADDRESS:_____
CITY:_____ **STATE:**_____ **ZIP:**_____
PHONE:_____ **FAX:**_____

YOUR ORDER:

QTY	ITEM#	DESCRIPTION	UNIT PRICE	TOTAL	Jobboss# (internal use)
		SHIPPING & HANDLING			
			TOTAL	$	

SHIPPING & HANDLING WILL BE PREPAID AND ADDED TO TOTAL COST
ALL ITEMS SHIPPED GROUND. NEXT DAY AIR AND 2 DAY SERVICE AVAILABLE FOR ADDITIONAL COST

METHOD OF PAYMENT:
_____ **VISA#**_____**EXPIRATION#**_____
_____ **MC#**_____**EXPIRATION#**_____

AUTHORIZED SIGNATURE_____**AUTHORIZATION#**_____
_____ **COD**
_____ **CHECK OR MONEY ORDER**
_____ **TERMS: 30 DAYS WITH VALID CREDIT APPLICATION ON FILE**

NOTE: ALL RETURNS FOR CREDIT MAY BE SUBJECT TO A 25% RESTOCKING FEE
NO RETURNS WITHOUT PRIOR RETURN AUTORIZATION.

PLEASE FAX YOUR ORDER! THANK YOU FOR YOUR BUSINESS!

2/1/2005