

Name: _____

Email: _____

Quote # (if available): _____

Phone: _____

Billing Address:**Delivery Address:**

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Credit Card Number:**Name on Credit Card:**

Card Expiration Date: _____ SC: _____ <small>(3 digit # on the back of card or 4 digit # in front for AMEX)</small>	Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
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Quantity	Item Description / Part Number	Unit Price
Shipping	<input type="checkbox"/> Use FedEx Ground Service	<input type="checkbox"/> FedEx Air Service (charges will be added on to invoice)
	<input type="checkbox"/> Use FedEx International Ground (Canada only – must have a customs broker)	<input type="checkbox"/> Use Shippers Account (UPS /FedEx/ DHL)

Approver's Signature / Date:	Notes / Comments:
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