

New Customer Set-Up - Order Form

Customer Details - Please provide	e informati	ion requested l	elow	and FAX to 714-992-04	171		
Company:				Contact			
				Name:			
Ship To Address:				Phone	-	5.4 .	
City/Sate/Zip:				Number: Fax		xt.:	
Gity/300c/21p.				Number:	Cell:		
ATTN:							
				Email:			
Date Requested:	Check all that apply:			Billing Information : (if different from			
Requested:	RUSH -	Urgent Requireme	nt	Ship To address)			
Requested By:		Possible Substitution		5p 15 dad. 555)			
	Quote						
Purchase Order:				Billing			
(optional)				Contact: Phone:			
(cpanish)							
Terms: FOB is Anaheim, California, shipped uninsured unless specified "Insured" and accept additional fees			Shipping Method : <i>The default shipping method is UPS ground service</i> , prepaid and added to the invoice, unless specified below				
Payment: Choose payment options from below							
Net 30 Days, Established Accounts OnlyCOD			UPS: 1 day 3 day				
			LIDC	UPS Collect Account #			
Credit Card – MasterCard, VISA, Discover and American Express accepted			UFS	(optional)			
Card Number:				, ,			
Number: Name			Fedi	FedEx: 1 day2 day 3 day			
On Card:			FedEx Collect Account #				
Expiration Zip Code			reuL	(optional)			
Date: on Card:					(optional	,	
California Customers:Taxable, as applicableResale: Resale Certificate on file:yesno, please send forms							
Model Number One item per Line		Description		Quantity	Price Each		
For internal use only – Customers do not supply information below							
Sales Order#		PECIAL NOTES:					
Toward Box							
Issued By: Date							
Issued:							

Thank You!