

ScyTek Electronics Inc. Products Employee Accommodation

NOTICE: Please clearly print everything but your signature. Illegible forms will not be processed.

Company Name		: Phone:
Shipping Address:		
City:	: State:	ZIP
Authorized Purchasing Agent:		Title:
Payment Method: <i>(circle one)</i>	Visa / Master Card /Amex Money Order!	Cashier's Check

Name on Credit Card:		
Billing Address:		
City:	State:	ZIP:
Credit Card Number:		
Expiration Date:		Security Code:
Credit Card Holder's Signature:		Date:

Please list the items and quantities below.

Upon receipt, ScyTek will produce a Pro Forma invoice for your final approval.

[illegible]