			MAI	L/FAX ORD	ER FO	ORM			
				No. of Pages:					
				To: Co.: Digi-Key Corporation			From:		
		CORPORATIO				ration	Co.:		
				Dept.: Order Department			Phone No:		
701 Brooks Avenue South				Fax No: 218-6	Fax No: 218-681-3380		Fax No:		
	Thi	PO Box 677 ef River Falls, MN 56	5701-0677	(Please Check One)					
		,		Payment Method Card Number:	: Li Credi	t Card U CO	D 🗅 Check or MO 🗅 Open Acct.		
🗆 Pe	ersonal (Order 🛛 Company Order	(Please Check One)	MC VISA AmEx Discover		Expiration Date			
	p to: tomer N	Number							
				Phone ()					
				, i i i i i i i i i i i i i i i i i i i			,		
							Suite		
							Zip		
ony							Zip		
Bill to: P.O. No						A second Ma			
					Phone ()				
Billing Address							Suite		
City							Zip		
Qu	antity	Digi-Key Part No.	Description	ı (brief)	Price/Unit	Total Price	Ship Via:		
1							Are substitutions acceptable?		
2									
3							Are backorders acceptable?		
4 5							Backordered for a period of days.		
							Backorder shipping method:		
6 7						Confirmation required?			
8									
9 10							SHIPPING INFORMATION		
11							We pay all shipping (our choice of method) and insurance to addresses in the USA		
12							and Canada when check or money order accompanies order. See "Shipping Charges" in the Digi-Key Terms and Conditions for details on heavy/oversize items.		
13									
14									
15							1. Total of all items\$		
16							2. Sub Total\$		
17							3. Please remit any applicable taxes\$		
18									
19							4. Total enclosed\$ (Total of all lines) (US Dollars)		
20									

ALL ORDERS SUBMITTING VIA THIS ORDER FORM ARE SUBJECT TO THE TERMS AND CONDITIONS, INCLUDING, WITHOUT LIMITATION, THE WARRANTY DISCLAIMERS AND LIMITATIONS ON LIABILITY, BEGINNING ON THE REVERSE SIDE OF THIS ORDER FORM.