



Customer Sales Order Form

CUSTOMER INFORMATION

NAME				COMPANY NAME			
BILLING ADDRESS	City			SHIPPING ADDRESS * If diff.	City		
	State	ZIP			State	ZIP	
TEL#				Please check	Residential	<input type="checkbox"/>	Business
Fax:				EMAIL ADDRESS			

QTY	MODEL#	DESCRIPTION	UNIT COST	TOTAL

			CA TAX 9%	
			TOTAL:	

CREDIT CARD DETAILS	NAME ON CARD					
	CARD TYPE	AMERICAN EXPRESS	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	VISA
	CARD NUMBER					
	EXPIRATION DATE			CVC #		

The Bank of Visa/Mater Card you use to purchase this order:	
Visa/Master /American Express Customer Service Tel# (USA only)	1-800

PREFERRED SHIPPING METHOD Mark with an "X"	 UPS WorldShip.Ink			
	GROUND	3 DAY	2 DAY	NEXT DAY

SHIPPER ACCOUNT #	
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- The customer is responsible for all shipping charges. We will bill your credit card for all shipping charges unless you provide us a shipping account number.
- All software is NON REUNDABE. RMA# is required for all returns. No return after (7) days from the products received date. Returned products must be new, in original packaging and in resalable condition or a 15% repacking fee will apply. In addition to the repacking fee we will charge for all the missing or damaged items.
- This order must be signed by credit card holder to avoid any delay, the credit card info provided is confidential and will also be verified by our accounting department before the order released.

Thank you for your business.

Signature:	Date:
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