

ORDER FORM

FAX to: 1-714-229-9278

ASI#: _____ EMAIL ADDRESS (required) _____

BILL TO: _____ **SHIP TO:** _____

(if different than Bill To)

ATTN: _____ **ATTN:** _____

ADDRESS: _____ **ADDRESS:** _____

Cannot ship to P.O. Box

Cannot ship to P.O. Box

CITY: _____ **CITY:** _____

State: _____ **Zip:** _____ **State:** _____ **Zip:** _____

DATE: _____ **PO#** _____ **PHONE:** _____ **FAX:** _____

Item	Description	Quatity	Price Each	Price Extended

Sub Total
before Freight

SHIPPING METHOD

Please circle one

F.O.B. Point: CALIFORNIA

UPS Account # _____ Ground Overnight 3 day

Fedex Account # _____ Overnight 2 day 3 day

PAYMENT METHOD - Visa _____ M/C _____ AMEX _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE & Zip** _____

ACCOUNT # _____

EXP DATE: _____ **3 DIGIT CODE** _____

Signature: _____

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Sample Policy:

Samples with a combined valued under \$5.00 net will be shipped at NO CHARGE on Customer provided UPS or FEDEX Account Number. Samples over \$5.00 will be charged at 1st column pricing.

Orders:

Orders less than \$50.00 will be subject to a \$10.00 handling charge.