

# Order Form

(EMAIL, MAIL OR FAX)

Ordered By \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_ Tele. \_\_\_\_\_ Fax \_\_\_\_\_

DATE	P.O.#	For Tax Exemption	Ship Via
		Fax Resale Card to 818-883-7043.	

Billing Address:	Shipping Address:

QUANTITY	MODEL	DESCRIPTION	UNIT PRICE	TOTAL

TAX (CA Only) \$ \_\_\_\_\_  
Shipping and Insurance \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

**PAYMENT METHOD (Please Check):**

\_\_\_ Credit Card # \_\_\_\_\_ Name on Card \_\_\_\_\_  
Exp. \_\_\_\_\_ Please Circle: VISA MASTERCARD AMERICAN EXPRESS

\_\_\_ Check # \_\_\_\_\_ Bank \_\_\_\_\_

\_\_\_ C.O.D. Amount Due \_\_\_\_\_ (For C.O.D. there is an extra \$10.00 Charge)

Authorized Signature \_\_\_\_\_

FOR OFFICE USE ONLY		
Payment Received	Yes ___ No ___	Date _____
Taxable	Yes ___ No ___	
Commission	Yes ___ No ___	
Additional Info:	_____ _____	

**TA** \_\_\_\_\_ **TECHNICAL ASSOCIATES**

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