

MICROFORM MODELS ORDER FORM

Name: _____ Date: _____
 Company: _____ Purchase Order#: _____
 Ship to Address: _____ Floor/Apt#: _____
 City: _____ State/Province: _____
 Country: _____ Postal Code: _____
 Bill to Address: [if different]: _____

Tel: _____ Fax: _____ Email: _____
 VAT or TAX ID # [if applicable]: _____
 Payment Type: AMEX VISA MC DISC PayPal
 Credit Card #: _____ Exp. Date: _____ CV Code: _____
 Name on Card: _____
 Shipping Preference: overnight 2 days 3 days ground

Item	Catalogue#	Qty.	Price	\$ Total	Item	Catalogue#	Qty	Price	\$ Total
1					18				
2					19				
3					20				
4					21				
5					22				
6					23				
7					24				
8					25				
9					26				
10					27				
11					28				
12					29				
13					30				
14					31				
15					32				
16					33				
17					34				
			Order Total					Order Total	

Special Handling: _____
 Call/Fax 508-485-9333 or US toll free 877-489-3011

For our use: Weight: _____ Date Shipped: _____ Customer Number: _____