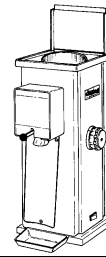




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PURCHASE ORDER

Complete, Sign and Return

Acct: Ordered by: Name Company Phone Fax Email Billing Address <input type="radio"/> Residential? or <input type="radio"/> Commercial?	Terms: Ship To: Name Company Phone Shipping Address <input type="radio"/> Residential? or <input type="radio"/> Commercial?
--	---

Qty	Part #	Description	Cost/Unit	Total

Notes:	Model(s)	%
Freight Quote # _____ \$ _____ Days		

Subtotal _____
 Tax / Freight \$ _____ / _____
 Total \$ _____
 Date Required by: _____

Order Taken By: _____
 Tracking: _____

 Authorized Signature of Approval Purchase Order #

Internal Order # _____

MC /Visa /				
AmEx/Discover	Expiration	/	CVD Code	
Name on Card				
Billing Address				
Auth. Signature				

Shipping Options:

UPS Ground
 UPS 3 Day Select
 UPS 2nd Day UPS 2nd Day AM
 UPS Next Day Early AM Saver
 Saturday