



## Quick Order Form

**Customer Details – Please provide information requested below and FAX to 714-992-0471**

Company:		Contact Name:
Ship To Address:		Phone Number: <span style="float: right;">Ext.:</span>
City/State/Zip:		Fax Number: <span style="float: right;">Cell:</span>
ATTN:		Email:
Date Requested:	<b>Check all that apply:</b> <input type="checkbox"/> RUSH – Urgent Requirement <input type="checkbox"/> Review Possible Substitutions <input type="checkbox"/> Quote	<b>Billing Information:</b> (if different from Ship To address)
Requested By:		
<b>Purchase Order:</b> (optional)		Billing Contact: <span style="float: right;">Phone:</span>

<b>Terms:</b> FOB is Anaheim, California, shipped uninsured unless specified "Insured" and accept additional fees	<b>Shipping Method:</b> The default shipping method is FedEx Ground prepaid and added to the invoice unless otherwise specified below.
<b>Payment:</b> Choose payment options from below <input type="checkbox"/> <b>Net 30 Days</b> , Established Accounts Only <input type="checkbox"/> <b>COD</b>	<b>UPS:</b> <input type="checkbox"/> 1 day <input type="checkbox"/> 2 day <input type="checkbox"/> 3 day UPS Collect Account # _____ (optional)
<b>Credit Card</b> – MasterCard, VISA, Discover and American Express accepted Card Number: _____ Name _____ On Card: _____ Expiration _____ Zip Code _____ Date: _____ on Card: _____	<b>FedEx:</b> <input type="checkbox"/> 1 day <input type="checkbox"/> 2 day <input type="checkbox"/> 3 day FedEx Collect Account # _____ (optional)
<b>California Customers:</b> <input type="checkbox"/> <b>Taxable</b> , as applicable <input type="checkbox"/> <b>Resale:</b> Resale Certificate on file: <input type="checkbox"/> yes <input type="checkbox"/> no, please send forms	

Model Number One item per Line	Description	Quantity	Price Each

<b>For internal use only</b> – Customers do not supply information below	
Sales Order#	<b>SPECIAL NOTES:</b>
Issued By:	
Date Issued:	

*Thank You!*