



## Purchase Order Form

Please send this order form to [sales@lasermate.com](mailto:sales@lasermate.com) or fax this form to (909)718-0998.

Attn.: \_\_\_\_\_

### Customer Information:

Company Name: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

QUANTITY	PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Shipping** Courier: \_\_\_\_\_ Collect to Account: \_\_\_\_\_ SUBTOTAL \_\_\_\_\_

(International shipping: please ask for the cost of freight)

(Shipping <1lb in California only: 1 week \$13.00; 2nd Day \$16.00; Next Day \$25.00) FREIGHT \_\_\_\_\_

(Shipping <1lb in USA: 1 week \$15.00; 2nd Day \$25.00; Next Day \$38.00)

Note: Please add \$4.00 more for the residential address and \$5.00 more for the residential signature required.

(Sales Tax applies for the State of California - 9.50 % sales tax for California residents) SALES TAX \_\_\_\_\_

TOTAL PRICE \_\_\_\_\_

### Credit Card Authorization

If you wish to charge the amount of your advance orders to your credit card account, please complete the information requested below.

Card Type:  MasterCard  VISA  AMEX  Discover Total Amount (USD): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

CVV Code (3-digit number on back of Visa/MC, 4 digits on front of AMEX): \_\_\_\_\_

Cardholder's Name (as shown on card): \_\_\_\_\_

Company Card:  Yes  No

Billing Street Address: \_\_\_\_\_

Billing City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_