



Purchase Order Form

Please send this order form to sales@lasermate.com.

Attn.: _____

Customer Information:

Company Name: _____

Date (mm/dd/yy): _____

Attention: _____

Phone: _____ Fax: _____

Shipping Address: _____

E-mail: _____

QUANTITY	PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
----------	-------------	-------------	------------	-------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Shipping Courier: _____ Collect to Account: _____ SUBTOTAL _____

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

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

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 - 9.75 % 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: _____