



New Customer Set-Up – Order Form

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

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

Terms: FOB is Anaheim, California, shipped uninsured unless specified "Insured" and accept additional fees	Shipping Method: <i>The default shipping method is UPS ground service, prepaid and added to the invoice, unless specified below</i>
Payment: Choose payment options from below <input type="checkbox"/> Net 30 Days , Established Accounts Only <input type="checkbox"/> COD	UPS: <input type="checkbox"/> 1 day <input type="checkbox"/> 2 day <input type="checkbox"/> 3 day UPS Collect Account # _____ (optional)
Credit Card – MasterCard, VISA, Discover and American Express accepted Card Number: _____ Name _____ On Card: _____ Expiration _____ Zip Code _____ Date: _____ on Card: _____	FedEx: <input type="checkbox"/> 1 day <input type="checkbox"/> 2 day <input type="checkbox"/> 3 day FedEx Collect Account # _____ (optional)
California Customers: <input type="checkbox"/> Taxable , as applicable <input type="checkbox"/> Resale: 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

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

Thank You!