ADAPTIVE TECHNOLOGIES GROUP

ORDER FORM

FAX TO: 562-424-3520

1 BILLING INFORMATION

Date:_____

Contact:_____

Company:_____

Street:_____

City:_____ State:_____

Postal Code:_____ Country:_____

Telephone:_____

Email:_____

P.O.#:_____ Ship Via:_____

Ship to: (if different than billing address)

Company:_____

Street:_____

City:_____ State:_____

Postal Code:_____ Country:_____

Fax:_____

For initial orders see Terms & Conditions:

Unless Otherwise Stated All Shipments FOB Origin

2 PURCHASE INFORMATION (Or Quotation #)

QUOTE #:_____

ITEM #	COLOR	QUANTIY	DESCRIPTION	SHIP DATE	PRICE EACH	TOTAL

3 PAYMENT INFORMATION

Payment Terms:

☐ Net 30 ☐ C.O.D. ☐ Credit Card ☐ Company Check

Credit Card#:_____

Expiration Date:_____

Signature:_____

Date:_____

Sub-total	
* CA Sales Tax 9.25%	
Shipping	
Total	

* Applies only to non-resale accounts in the state of California.

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