ADAPTIVE TECHNOLOGIES GROUP

ORDER FORM

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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