



PRODUCT ORDER FORM

Please fill out all appropriate fields below.
FAX completed form to: 1 781 933 9564

Two Constitution Way
 Woburn, MA 01801 USA
 888 220 2998 **Sales**
 781 933 9560 **Phone**

BILLING INFORMATION

SHIPPING INFORMATION (NO P.O. BOXES)

Date _____ Name _____ Company _____ Address _____ Address _____ City _____ State/Prov _____ Postal Code _____ Country _____ Tel _____ Fax _____ For order confirmation via email, please provide address: _____	<input type="checkbox"/> Same as billing Attention _____ Company _____ Address _____ Address _____ City _____ State/Prov _____ Postal Code _____ Country _____ Tel _____ INTERNATIONAL CUSTOMERS (optional) VAT # _____ Fed Ex # _____ (For taxes & duties only)
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PAYMENT OPTIONS

If you wis

<p>New Objective Account</p> Acct # _____ (If known) PO # _____	<p>Credit Card (Invoice copy and credit card receipt will be sent to Billing address)</p> <input type="checkbox"/> MC <input type="checkbox"/> VISA Name on Card _____ <input type="checkbox"/> AMEX <input type="checkbox"/> DISC Card # _____ Exp. _____
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PRODUCTS

	STOCK NO.	DESCRIPTION	QTY.	PRICE EA.	EXT. PRICE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

COMMENTS / SPECIAL INSTRUCTIONS

ORDER SUBTOTAL

Subtotal does not include any taxes (if applicable) or shipping & handling. All orders are shipped Federal Express Standard Overnight or Int'l Priority

For New Objective use only

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