Please fax your order to the 24-hour Fax Line at (408) 749-1008

BILL TO:
Company:_____
Address:_____
City:_____St:_____Zip:_____
Attention:_____
Phone:_____
Fax:_____
Email:_____

SHIP TO: ☐ Same as Bill To
Company:_____
Address:_____
City:_____St:_____Zip:_____
Attention:_____
Phone:_____
Fax:_____
Email:_____

Date: 07/01/2002

Purchase Order #:_____

Part #	Description	Quantity	Unit Price	Total

Notes: **Sub Total:**

Method of Shipment: **UPS** ☐ Ground ☐ 3-Day ☐ 2-Day (Blue) ☐ Next-Day (Red)
Fedex ☐ 3-Day (Saver) ☐ 2-Day ☐ Standard Overnight ☐ Priority Overnight
Other: _____

Method of Payment: COD: ☐ Cash ☐ Check ; ☐ 30-day Term (COD and term need to be approved)
Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express
Card #: _____ Expiration Date: _____
Name of Card Holder (Print): _____ Signature: _____

Terms & Conditions:

FOB: Sunnyvale, CA; **Returns:** Call for a RMA# Before Returning Items for Exchange within 30-Day of Invoice Day. A 15% Restocking Fee will Be Charged for Returns without Defects; $20 for Each Returned Check. **Prices:** Reflecting Cash Discount; $5 Service Charge for order Less Than $50; 8.25% Sales Tax will Be Added for Californian Residents.

Prices are Subject to Change without Notice

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