



Order Form

SOLD TO:

SHIP TO (if different):

Date: _____

Name: _____

Address: _____

City: _____

State/ZIP/Country: _____

Phone (Day & Evening): _____

Email (for tracking): _____

Name: _____

Address: _____

City: _____

State/ZIP/Country: _____

Phone (Day & Evening): _____

Payment Method

Credit Card Information

Credit Card (complete information at right)

Visa

MasterCard

Name: _____

Card Number: _____

Expiration Date: _____

CVV # (3 or 4 digit security code): _____

System You Use:

Billing Zip If Different _____

Quantity	Part Number (see flyer or webpage)	Unit Price	Extended Price

Notes	Subtotal for items	\$
	Texas Residents must add 8.25% state sales tax	\$
	Shipping and handling	Calculated at time of shipment
	Total Amount (billed upon Shipment)	\$

Notice on Delivery Time and Backorders:

Please allow 2-3 weeks for normal delivery. However, if we are temporarily out of stock, this time could be longer. To check on the status of your order, please use our email address and put ORDER STATUS in the subject line. cvpusa@sbcglobal.net. Please check the box to the right as to your preference on back orders.

I accept backorders

Please cancel backorders and send a refund

Customer Code _____