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Order Form

Sold To

Name: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Ship To

Name: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Qty	Part Number	Description	Unit Price	Total

Subtotal: _____

(NC only) 7%, Mecklenburg Co. 7.5% Sales Tax: _____

Shipping: _____

Method of Payment

Total: _____

PO number: _____ (Organizations only)

Check or money Order: # _____

Credit card: Master Card / Visa (Circle One)

Credit Card Number: _____ Exp. _____

Name on card: _____

Signature: _____