

Date: _____

ORDER FORM

Terms:	Credit card
Shipping:	FOB Covington, LA USA
Sales Rep:	Ray Rayburn

Bill To:		Ship To:	
Company Name:		Company Name:	
Contact Person:		Contact Person:	
Address:		Address:	
Address 2:		Address 2:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Purchase Order #:			
	Payme	nt Method:	
	Net 30 Visa MC	Amex Wire Transfer	\neg
	1.000		
Quantity	Description	Price Each	Total Cost
	NEO3		
	1100		
	11303		
Name as it appears on card:		Account #	
		Account # CVV Code:	
appears on card:		CVV Code:	otale
appears on card: Exp. Date:	ature:	CVV Code:	otal: