

Item: \_\_\_\_\_ Part#: \_\_\_\_\_ Qty: \_\_\_\_\_ Price: \_\_\_\_\_  
 Item: \_\_\_\_\_ Part#: \_\_\_\_\_ Qty: \_\_\_\_\_ Price: \_\_\_\_\_  
 Item: \_\_\_\_\_ Part#: \_\_\_\_\_ Qty: \_\_\_\_\_ Price: \_\_\_\_\_

For Comrex repair payments: Job/Invoice#: \_\_\_\_\_ Price: \$ \_\_\_\_\_

**Shipping Account Number (optional):** \_\_\_\_\_ **Date needed by (optional):** \_\_\_\_\_

**Ship Method:**

UPS Ground	UPS 3Day	UPS 2Day	UPS Standard Overnight	UPS Priority Overnight
Fedex Ground	Fedex 3day	Fedex 2Day	Fedex Standard Overnight	Fedex Priority Overnight

**International Ship Method:** \_\_\_\_\_ UPS Fedex Economy Priority  
(Acct. # optional)

*Note: Freight charges and sales taxes whenever applicable will be added. Please call for an estimate.*

<u>Cardholder's Billing Address</u>	<u>Shipping Address (if different)</u>
Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
Address 2: _____	Address 2: _____
City, State & Zip: _____	City, State & Zip: _____
Country: _____	Country: _____
Mobile Ph#: _____	Email Address: _____
Business Ph#: _____	Business Fax #: _____

How would you like to receive your invoice/CC receipt?    Email    USPS Mail

Mastercard    Visa    AMEX    COD

Cardholders Name: \_\_\_\_\_ *(As it appears on the card.)*

Card #: \_\_\_\_\_    Card Expiration Date: \_\_\_\_/\_\_\_\_

Card ID #: \_\_\_\_\_ *(CID#: Three digit#; that follows card # on back of card, Four digit # if AMEX)*

Cardholder's Signature: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By checking this box, I am authorizing Comrex Corporation to apply charges to the account listed above.

Please email completed form to [sales@comrex.com](mailto:sales@comrex.com)  
 or fax completed form to 978-784-1717.

If you do not receive an email confirmation  
 please contact us toll free at 800-237-1776 or 978-784-1776.