

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
 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.