



Credit cards accepted:

Instructions: TAB or Mouse through fields, key in information, PRINT COMPLETED FORM, SIGN, and fax to 609.261.1011. Product Availability is dependent upon demand and existing orders.

Order Form (Continued)

- Requests shipping insurance.
- Declines shipping insurance. Customer assumes all responsibility for lost items or damages that occurs during transit. *Customer is responsible for replacement costs.*

(Please see our [Terms & Conditions](http://www.technobox.com/Terms-and-Conditions.htm) at <http://www.technobox.com/Terms-and-Conditions.htm>)

3a. SHIPPING INFORMATION – PREPAY & ADD

<input type="checkbox"/> Standard: UPS	<input type="checkbox"/> FedEx Express	<input type="checkbox"/> DHL
<input type="checkbox"/> Other		<input type="checkbox"/> Next Day Air <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Day Air <input type="checkbox"/>

3b. SHIPPING INFORMATION – COLLECT

<input type="checkbox"/> UPS Postal Code Acct#	<input type="checkbox"/> FedEx Acct#	<input type="checkbox"/> DHL Acct#
<input type="checkbox"/> Other Acct#	Phone#	<input type="checkbox"/> Next Day Air <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Day Air <input type="checkbox"/>

4. CREDIT CARD INFORMATION

Credit Card VISA MasterCard AMEX

Account Number _____ Sec. # _____ Expiration Date _____

Card Holder's Name _____

Authorized User's Name (Print) _____

Authorized User's Signature _____

I understand and accept Technobox, Inc. Terms & Conditions including NC/NR, as listed on www.technobox.com/Terms-and-Conditions.html

** For NJ Certificates of Exemption, see www.state.nj.us/treasury/taxation/pdf/other_forms/sales/st3nr.pdf*

A copy of the invoice/transaction record will be mailed via US Postal Service

5. SPECIAL INSTRUCTIONS (e.g. DPAS Rating & Contract #)

Customer Signature	Date