



Instructions: TAB or Mouse through fields, key in information, PRINT COMPLETED FORM, SIGN, and FAX to 856.809.2601. Product Availability is dependent upon demand and existing orders.

Order Form								
Is this a revision? Yes No								
Purchase Order #	Terms:] N30	Credit Card	☐ Prepay				
Contact Name:	E-mail Add	E-mail Address:						
Phone #:	Fax#:							
1. YOUR ACCOUNT INFORMATION								
Bill to Name:			Ship to Name:					
Company Name:			Company Name:					
Street:			Street:					
City, State, Postal Code			City, State, Postal Code					
Country			Country					
Phone:	Fax:	Phone:			Fax:			
2. ORDER INFORMATION – ALL ORDERS ARE CONSIDERED FINAL; please see our Terms & Conditions at								
www.technobox.com/Terms-and-Conditions.html								
Technobox Part#:	Quantity:	Descriptio	ription:		Price Each:			
Your Company's P/N (if applicacable):	Desired Delivery Date:		ed Shipments es No	Line Item Total:				
Technobox Part#:	Quantity:	Description:			Price Each:			
Your Company's P/N (if applicacable):	Desired Delivery Date:	Advanced Shipments Yes No		Line Item T	otal:			
Technobox Part#:	Quantity:	Description:		Price Each:				
Your Company's P/N (if applicacable):	Desired Delivery Date:	Advanced Shipments Yes No		Line Item Total:				
*NJ Certificates of Tax Exemption Taxable? Order Total:								





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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 <u>Terms & Conditions</u> at <u>http://www.technobox.com/terms-and-conditions.htm)</u>								
3a. SHIPPING INFORMATION – PREPAY & ADD								
Standard: UPS	☐ Federal Express	□DHL						
Other	I	☐ Next Day Air ☐ Ground ☐ 2nd Day Air ☐						
3b. SHIPPING INFORMATION – COLLECT								
UPS Postal Code	DHL							
Acct#	FedEx Acct#	Acct#						
Other		□ Next Day Air	☐ Ground					
Acct#	Phone#	☐ 2nd Day Air						
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 #)								
O. SI ECIAL INSTRUCTIONS (C.g. DI AS RAUNG & CONTRACT#)								
Customer Signature		Date						