



Download and complete this form, then email to sales@adaptivetechnologiesgroup.com. An application specialist will contact you shortly.

ORDER FORM

FAX TO: 562-424-3520

Email:orders@adaptivetechnologiesgroup.com

Date:			Ship to: (if o	Company:			
Contact:			Company:_				
Company:			Street: _				
Street:			City: _	City:		State:	
City: State:			Postal Code	Postal Code: Country:			
Postal Code:Country: _			Fax:	Fax:			
Telephone:							
Email:			For Initial or	ders see Terms & Cond	ditions:		
P.O.#: Ship Via:			Unless Othe	Unless Otherwise Stated All Shipments FOB Origin			
PURCHASE INFORMATION (Or Quotation #))	QUOTE #:			
ITEM #	COLOR	QUANTITY	DESCRIPTION	SHIP DATE	PRICE EACH	тот	
					 		
		 		+			
					 		
					 		
DAYMENT I	NEODNAATIO						
PAYIVIENTI	NFORMATIC	ЛN					
D 1.T					Sub-total		
Payment Terms							
□ Net 30 □ C.O.D. □ Credit Card			dit Card	*CA	A Sales Tax 9.25%		
Credit Card#:			CVC#:		Shipping		
					Total		
				_			