



Order Form

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TEKNETICS

All fields in Red MUST be entered COMPLETELY to avoid order processing delays or inaccurate order fulfillment.
Thank you!

Date: _____
 Buyer Name _____
 Phone # _____
 Fax # _____
 Email _____

Bill To: _____
 COMPANY NAME
 ADDRESS
 ATTN:
 CITY, STATE ZIP (Province, Postal Code, etc.)
 COUNTRY
 TELEPHONE NUMBER

Ship To: _____
 COMPANY NAME
 ADDRESS
 ATTN:
 CITY, STATE ZIP (Province, Postal Code, etc.)
 COUNTRY
 TELEPHONE NUMBER

Insure Shipment Yes **Special Packing** Single Pack

Cust No	Cust. P.O. #	Ship Via	Freight Terms	Payment Terms	Requested Ship Date

Line	Part No.	Description	Quantity	Unit Price	Extended Total
1					\$ -
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12					\$ -
13					\$ -
14					\$ -
15					\$ -
16					\$ -
17					\$ -
18					\$ -
19					\$ -
20					\$ -
21					\$ -
22					\$ -
23					\$ -
24					\$ -

Comments

Sales Rep _____

Payment Method

Account Sub Total \$ -

Credit Card Freight \$ -

Wire Transfer Insurance \$ -

Invoice Total \$ -

US Dollars