



Sales Order Form

Customer PO #

Order Date (mm/dd/yy)

<p>Bill To:</p> <p>_____</p> <p><i>Company Name</i></p> <p>_____</p> <p><i>Address</i></p> <p>_____</p> <p><i>City, State/Prov, Zip</i></p> <p>_____</p> <p><i>Country</i></p> <p>_____</p> <p><i>Attn: Person</i></p> <p>_____</p> <p><i>Phone</i></p>	<p>Ship To: <input type="checkbox"/> Use billing address for shipping</p> <p>_____</p> <p><i>Company Name</i></p> <p>_____</p> <p><i>Address</i></p> <p>_____</p> <p><i>City, State/Prov, Zip</i></p> <p>_____</p> <p><i>Country</i></p> <p>_____</p> <p><i>Attn: Person</i></p> <p>_____</p> <p><i>Phone</i></p>
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Z-Comm PN	Customer PN	Dock Date	Comments	Unit Cost	Quantity	Total

Tax Exempt **Sub Total***

Payment Terms **Tax and shipping charges will be added to this sub total when applicable.*

Preferred Shipping Method

To ship using your UPS, FedEx or DHL account number, please specify:

The undersigned is a duly authorized purchasing agent of the above referenced organization and is authorizing the purchase of this equipment.

Credit Card Number *Name on Card* *Exp. (mm/yy)* *Billing Zip Code*

Printed Name *Signature* *Date (mm/dd/yy)*

Terms of Sale:
 Z-Communications, Inc.
 Standard Terms and
 Conditions of Sale apply
 FOB Point: Origin

Fax To: 1-858-486-1927

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