



Order Form (Rev 5.0)

Please provide the information requested below.

Fax it to 1 905-602-9279 or **email to sales@axiomatic.com**.

1. Company Information

Primary Contact:	
Company:	
Address 1:	
Address 2:	
City/State/Zip:	
Country:	
Email:	
Phone:	
Fax:	
Tax ID# or VAT# or Business Number:	
Website:	
Purchase Order #:	

2. Corporate Billing Information

Name:	
Title:	
Company:	
Address 1:	
Address 2:	
City/State/Zip:	
Country:	
Phone:	
Fax:	
A/P Contact:	
A/P Phone:	
A/P E-mail (Required):	
Type of Business:	Please CIRCLE one type. OEM, System Integrator, Distributor, End User, Other



3. Ship To Address

Attention:	
Company:	
Address 1:	
Address 2:	
City/State/Zip:	
Country:	
Email:	
Phone:	
Fax:	
E-mail to send Package Tracking Information:	
Delivery Date Requested:	
Delivery Terms – INCO	EX-works
Delivery Terms - Collect:	<p>Please select your preferred corporate carrier for air parcel shipping and provide your account number and shipping method.</p> <p>____ Ship COLLECT</p> <p>_____ Method (Ground, Other)</p> <p>Corporate Courier name and account #: _____</p>
Delivery Terms – Collect on 3rd party account.	<p>____ Ship COLLECT THIRD PARTY</p> <p>_____ Method (Ground, Other)</p> <p>Shipping Courier name and account #: _____</p> <p>If billing is third party for the courier account, please provide the bill to address:</p> <p>_____</p>
Delivery Terms – “Prepay and Add” on the invoice.	<p>The default shipping service is UPS, prepaid and added to the invoice. Please select the preferred service.</p> <p><u>Canada:</u></p> <p>____ UPS Ground</p> <p><u>USA:</u></p> <p>____ UPS Express</p> <p>____ UPS 3 Day Select (1-4 Days for Canada)</p> <p>UPS International Ground service is NOT available for prepay and add delivery terms.</p>



	International: <i>(The shipping services below may not be available in for your area.)</i> <input type="checkbox"/> UPS Worldwide Express <input type="checkbox"/> UPS Worldwide Express Saver <input type="checkbox"/> UPS Worldwide Expedited
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4. Product Order

Part #	Description	Quantity	Currency (\$CDN, \$USD, GBP or EUR)	Unit Price	Total
SUBTOTAL					
SHIPPING <i>(For "Prepay and Add" purchases, request a quote from Axiomatic.)</i>					
TOTAL excluding taxes					

<p>Payment Terms: Choose payment options from the following.</p> <p><input type="checkbox"/> Net 30 Days (Established Accounts Only) <i>(For net 30 orders, we prefer to receive a PO. Credit references should be provided for new accounts requesting net 30 days payment terms.)</i></p> <p><input type="checkbox"/> Credit Card (Advance Payment) – MC, VISA or AMEX <i>PLEASE complete the next page for credit card authorization. Your card will be not be charged the 1-2 days before the units ship.</i></p> <p><input type="checkbox"/> Bank Wire Transfer (Advance Payment) <i>We can provide a Pro-Forma Invoice.</i></p>
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CREDIT CARD AUTHORIZATION FORM

One Time Use

Please complete this authorization and return to us. All information will remain confidential.

Company Name: _____

Cardholder Name: _____

Credit Card Billing Address: _____

Shipping Address: Already completed in Section 3 – Ship to Address

Phone Number: _____

Type of Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Card CVV (3 digits located on the back of the card): _____

Amount to Charge: _____

Send Credit Card Receipt/Invoice to (email): _____

By signing this form, you authorize Axiomatic Technologies Corporation to charge your credit card provided above for the amount provided above. The card will be charged upon order unless otherwise advised.

Name (printed): _____

Signed: _____

Date: _____