

Expiration _

ORDER FORM

Date: February 4, 2013

SHIP TO:

Order # [100]

California Optometric Association 2415 K Street Sacramento, CA 95816 916-441-3990 Fax 916-448-1423 contact@coavision.org TO: [Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

SALESPERSON	ЈОВ	SHIPPING METHOD	SHIPPIN TERMS	NG	DELIVERY DATE		PAYMENT TERMS		DUE DATE
							Due on Receipt		
QUANTITY	ITEM #	DESCRIPTION		UNIT PRICE		DISCOUNT		LINE TOTAL	
1		Employment Poster		52.95					
Total Discount									
Thank you for your order!									
Total									
Credit Card Payment Information:									
Card Holder									

I authorize a charge to my credit card for the amount indicated. By checking the box indicates my electronic signature and approval.

Send completed forms by email to products@coavision.org or fax to 916-469-2896

_____ CCV ___