

ORDER FORM

Date: February 4, 2013 Order # [100]

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

SALESPERSON	JOB	SHIPPING METHOD	SHIPPING TERMS	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					
Card number					
Expiration	_ CCV				

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