ORDER FORM

Date:

Order # [100]

California Optometric Association
2415 K Street
Sacramento, CA 95816
916-441-3990
Fax 916-448-1423
products@coavison.org

BILL TO:

SHIP TO:

SALESPERSON	JOB	SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE	PAYMENT TERMS	DUE DATE
					Due on Receipt	

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL
1	English	Employer All-In-One Poster	$45.95		$45.95
	Spanish	Employer All-In-One Poster	$45.95		$0.00
			Total Discount		
			Total		$45.95

Thank you for your order!

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

Print to mail or fax

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