



Aerocon Systems

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ORDER FORM

DATE _____

PO Number _____

Bill To _____	Ship To _____
Address1 _____	Address1 _____
Address2 _____	Address2 _____
City, State, Zip _____	City, State, Zip _____
Email _____	Email _____
Phone / Fax _____	Phone / Fax _____

A phone number is required for international shipments.

Credit Card Type and Number (Visa, MC, AMEX)	Expiration Date (mm/yy)	CCV code*
Name Shown on Credit Card (leave blank if same as above)		* CCV Code - Visa and Mastercards, the last 3 digits on the back of the card in the signature line. Amex cards, front of card, the 4 small numbers shown above the embossed card number.

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL

Thanks for your order, we look forward to filling it right away. To make sure you get the speediest service possible, please fill out completely. Make sure you include your phone number and email so we can contact you if there are questions about your order. If using a credit card please sign below indicating your approval of this transaction. Note: _____ Note: _____		SUBTOTAL	
		8% California Sales Tax, If Resident	
		Shipping	
		Insurance	
<input checked="" type="checkbox"/> <i>Signature</i>	If we are out of a certain item would you like to backorder the item or allow us to substitute an item of equal or greater value? Please check one box. <input type="checkbox"/> Backorder <input type="checkbox"/> Substitute	International Documentation	
		Wire Fee	
<i>Printed Name</i>	<i>Date</i>	TOTAL	