

Phone: 704.793.4319 Fax: 704.793.4321 Email: sales@bmrsusa.com

DATE: MM / DD / YEAR

Billing A	ddress:		Shipping Address: (If Different from Bill	ling Address)	
NAME: Last: First MI			NAME: Last: First	MI	
COMPANY:			COMPANY:		
BILLING/CREDIT CARD ADDRESS:			ADDRESS:		
CITY: STATE: ZIP:		CITY: STATE:	ZIP:		
PHONE: ( )			PHONE: ( )		
EMAIL:			EMAIL:		
PURCHASE ORDER#:			PLEASE NOTE: UPS is unable to deliver to a P.O. Box.		
Qty.	Item	lt lt	tem Description	Price Total	
	Number			Each Each	
	1				
	<u> </u>				
				+	
	<u> </u>	<u> </u>		SubTotal	
Dayment Method				Shipping &	
Payment Method  Chack				Handling and	
Check Bill My Account Account#:				Insurance:	
AMERICAN DISCOVER MasterCard VISA				Sales Tax (If Applicable)	
Credit Card Number				TOTAL	
			CC ID# Expiration Date	Thank You!	
				NOTE: You can also save, print, fill out and fax or	
Please choose shipping method: Ground 3-Day Air 2-Day Air Next Day Air				scan and email this form.	
Name as it appears on credit card (Please Print):					
Your Sales Representative (if applicable):					