

ORDER FORM

Bergeron Products Innovations

Company Name:	Ship To:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Telephone #:	Fax#:

P.O. DATE	REQUISITIONER	SHIP VIA	F.O.B. POINT	TERMS

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL				
TAX				
Shipping				
TOTAL				

CREDIT CARD INFORMATION

PAYMENT METHOD: <input type="checkbox"/> credit card <input type="checkbox"/> check <input type="checkbox"/> money order <input type="checkbox"/> terms	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Name on Card: <hr/> Address of card holder: City _____ State _____ Zip _____ Card Number: <hr/> Expiration: _____ CCV Number _____
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1. CCV # are the last 3 numbers after your card numbers on the back of your credit card.
2. BPI will enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if there are any unusual shipping request.
4. All shipping charges will be added after order is received and you will be contacted with total price for invoice.

Send Fax to:

BPI/EPD
 8132 Firestone Blvd., Suite #824
 Downey, CA 90241
 323-312-9449
 Fax 714-203-1644
www.steadyvolt.com

Authorized by _____

Date _____