



FAX #: 310/812-0481

\_\_\_\_\_ Date

To: **Equipment Sales - S/2758**

From: \_\_\_\_\_ Tel# \_\_\_\_\_

Company: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Shipping Instructions - C.O.D. (Buyers please provide account number below):**

# \_\_\_\_\_ Best Surface; # \_\_\_\_\_ Airborne \_\_\_\_\_ Pickup;

# \_\_\_\_\_ Other \_\_\_\_\_

Item No.	Description	Manufacturer/Model	NGC #	Sale Price**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<b>Total:</b>				

**Authorizing Signature:** \_\_\_\_\_

If for resale - Furnish resale license\* #: \_\_\_\_\_

\* First time buyers must provide a copy.  
\*\* Sale price does not include shipping cost or sales tax when applicable.

EQUIPMENT AVAILABILITY IS SUBJECT TO PRIOR SALE.