



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.				
Total:				

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.