ADAPTIVE TECHNOLOGIES GROUP

Download and complete this form, then email to sales@adaptivetechnologiesgroup.com. An application specialist will contact you shortly.

ORDER FORM

Email:orders@adaptivetechnologiesgroup.com

1 BILLING INFORMATION

Date: _____

Contact: _____

Company: _____

Street: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Telephone: _____

Email: _____

P.O.#: _____ Ship Via: _____

Ship to: (if different than billing address)

Company: _____

Street: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Fax: _____

For Initial orders see Terms & Conditions:

Unless Otherwise Stated All Shipments FOB Origin

2 PURCHASE INFORMATION (Or Quotation #)

QUOTE #: _____

ITEM #	COLOR	QUANTITY	DESCRIPTION	SHIP DATE	PRICE EACH	TOTAL

3 PAYMENT INFORMATION

Payment Terms:

☐ Net 30 ☐ C.O.D. ☐ Credit Card ☐ Company Check

Sub-total	
*CA Sales Tax 9.25%	
Shipping	
Total	

Credit Card#: _____ CVC#: _____

Expiration Date: _____

Signature: _____

Date: _____

* Applies only to non-resale accounts in the state of California.

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