

Persistor Instruments Order Form

BILLING CONTACT

Name _____ **Phone** _____
Email _____ **FAX** _____
Address _____

CREDIT CARD MasterCard Visa American Express

NUMBER _____
NAME _____ **Exp MM/YY** _____

SHIPPING INFORMATION Same as Billing

Name _____ **Phone** _____
Email _____
Address _____

TECHNICAL CONTACT New user of Persistor Products

Name _____ **Phone** _____
Email _____ **FAX** _____

PERSISTOR PART NUMBER	Qty	PRICE	EXTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sub Total _____

Massachusetts addresses pay 5% sales tax _____

Total before shipping (shipping cost will be added) _____

Shipping choice Fedex overnight Fedex 2nd Day Fedex Saver

Fedex Intl Priority Fedex Intl Economy

Partial Shipments Yes, ship partials No, ship only when complete

Confirmation FAX Email Phone None required

Please fax your order to 1-508-420-1656 Thank you for choosing Persistor Instruments