

Order Form



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 Rochester, NY 14624
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Buyer Information

Company:		Date:	
Contact Name:		Phone:	
Email:		Fax:	
Street Address			
Street Address			
City:	State:	ZIP Code:	

Shipping Information Same as Buyer Information

Company:			
Contact Name:		Phone:	
Email:		Fax:	
Street Address			
Street Address			
City:	State:	ZIP Code:	

Products

Part Number	Description	Quantity	Price (\$)*	Total (\$)

*Customers will be contacted regarding price and/or part number discrepancies
Total (Products only): _____
 Tax will be added for all shipments to **NY, CA, MD, and IN** unless a tax-exempt certificate is provided.

Shipping Method (Freight charges will be added unless a shipping account number is provided)

Ground
 2-Day
 3-Day
 Standard Overnight
 Priority Overnight
 International
 Shipping Account Number: _____ UPS FedEx
 Is a partial shipment acceptable? Yes No

Payment Method

Wire transfer
 PO (upon credit approval) PO Number: _____
 Credit Card (VISA, MasterCard, American Express)
 Credit Card Number: _____ Expiration Date: _____
 Name on Card: _____

Billing Information Same as Buyer Information

Company:			
Contact Name:		Phone:	
Email:		Fax:	
Street Address			
Street Address			
City:	State:	ZIP Code:	