ORDER FORM

955 PARK CENTER DRIVE • VISTA, CA 92081 • U.S.A. • 1-800-729-9478

PHONE (760) 727-8185 **www.rayzist.com** **FAX (760) 727-2986**

Company Name_____Date_____

Address_____ Phone_____

City_____ST_____ ZIP_____ Ordered by: _____

ITEM #	DESCRIPTION	QTY	PRICE	TOTAL

Special Instructions:

_____

_____

_____

Please Ship my order by: UPS Red next day service _____

UPS Blue 2 day service _____

UPS Orange 3 day service _____

UPS Ground 3 to 7 days _____

Orders charged to Credit Cards may be shipped via FEDEX RECIPIENT (Indicate Method): _____

(Your FEDEX ACCOUNT RECIPIENT #): _____

Pick Up _____

Method of Payment - check & indicate credit card # (if not on file with us already)

_____ **MC/VISA -** Card #_____ EX: _____

_____ **AMEX/DISC -**Card #_____ EX:_____

_____ **Terms** - ALREADY PREAPPROVED TERMS

_____ **C.O.D.** (If none of the above are indicated, order will automatically be *C.O.D.)

***any C.O.D. order over $500.00 will require a cashier's check**

We appreciate your business and look forward to serving you again.