



FAX: 951-514-2626

DATE: _____

ORDER FORM

Quote Number: _____ (If same as quoted do not list items below)

| Item | Q | Part # | Detail | Price |
|------|---|--------|--------|-------|
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(If more than 7 item attach supplemental sheets)

Credit Card authorization form.

In lieu of my credit card imprint, Ihereby authorize
(name of cardholder shown on credit card)

FBS Floor Box Systems to charge my credit card VISA Master Card AMEX Discover
(Mark the name of the card)

Credit card #

Expiration Date:..... Sec. Code:..... **AMEX Sec. Code:**
4 digits - Front side

the amount of USDplus shipping costs if apply.

This charge represents payment forlisted on the ref quote.

My billing address is.....
(address associated with the credit card)

City / State / Zip code

Phone #:..... FAX #:.....

By signing below, I acknowledge the charges described herein.

(Signature of cardholder)

Date

Shipping Information SAME AS ABOVE

If different:

Company: _____

Address: _____

City, State, Zip Code _____

Purchase order: _____ Carrier Name/Account _____

Attn to: _____ REF #: _____

NOTES:

