



BILL TO:

NAME _____
 COMPANY _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
 PURCHASE ORDER _____

SHIP TO:

COMPANY _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 ATTN: _____
 PHONE _____
 SPECIAL INSTRUCTIONS _____

CUSTOMER NUMBER _____

QUANTITY ORDERED	PART NUMBER	DESCRIPTION <small>Please include material, connector type, color, gender, etc.</small>	PRICE EACH	TOTAL PRICE

<u>METHOD OF PAYMENT</u>		SUB TOTAL	\$
<input type="checkbox"/> Please bill my company <input type="checkbox"/> My check is inclosed <input type="checkbox"/> Credit Card Charge Credit Card No. _____ Expiration: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Colorado customers please add sales tax. TOTAL	\$
<input type="checkbox"/> Please send a credit application		Please note: Shipping charges will be added to your invoice.	

ORDERING BY MAIL send to:	ORDERING BY PHONE call toll-free:	24 HOUR FAX:
COMPUTER CABLE, INC. 10,000 West 100th Ave. Westminster, CO 80021	888-576-9363	303-469-5970

