



**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

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

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

