



SALES ORDER

Date

Company Name

Street Address
 City, ST ZIP Code
 Phone

Primary Contact

Email Address

BILL TO Name
 Company Name
 Street Address
 City, ST ZIP Code
 Phone

SHIP TO Name
 Company Name
 Street Address
 City, ST ZIP Code
 Phone

PAYMENT			
Net 30	(Subject to Tensitron approval)	PO#:	
ACH/Wire	(Contact Tensitron for bank details)		
Corporate Credit Card:	Card No.	Expiration:	
Credit Card Zip Code (U.S.only)	CCV Code:	Email address to send receipt	

SHIPPING			
Added to Invoice	Carrier:	How fast:	
Collect on your Account	Carrier:	How fast:	Account No.
Your freight forwarder	Tensitron will notify you when shipment is ready for pickup.		

QTY	ITEM #	DESCRIPTION	CALIBRATION MATERIAL	UNIT PRICE	LINE TOTAL
				SUBTOTAL	
				SALES TAX	
				TOTAL	

Please forward your order to
Sales@Tensitron.com
 Call 303.702.1980 for further assistance.

Authorized by

Date