



Order Form

Date: _____ / _____ / _____

Mail Order form to:
 760 San Antonio Road - Suite 200
 Palo Alto, CA 94303

BILLING/SHIPPING INFORMATON

Contact Name: _____
 Company Name: _____
 Street Address _____

 City: _____ State: _____ Zip: _____
 Phone: _____ - _____ - _____ Alternate: _____ - _____ - _____
 Fax: _____ - _____ - _____ e-mail: _____

DELIVERY/SHIPPING OPTIONS

- Will Call (map: www.ebackus.com)
 Date: _____
 US Priority Mail *
 UPS/Shipper # _____
 Ground 2-Day 3-Day
 FedEx/Shipper # _____
 Ground 2-day 3-Day
 By Arrangement: _____

Fax order to: **650-493-4346**; Call: **650-493-4344** with questions or for more information.

ORDER INFORMATION

Item Number	Description	Color	Size	Unit Price	Qty	Amount

***PRIORITY MAIL** is our normal shipping method with charges determined by final order weight and zip code destination as per the US Post Office guidelines.

Please allow 3 weeks from the acknowledgement of your order for delivery. Orders paid by Check should allow 4 weeks for delivery. RUSH orders, when available, may require PICK UP via WILL CALL.

Sub Total	_____
Tax	_____
Delivery/Shipping	_____
Other Charges	_____
TOTAL AMOUNT	_____

PAYMENT METHOD

CREDIT CARD: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa Expiration Card No: _____ Date: _____ Card Holder (Co. &/or Name): _____ _____ Authorized Signature: _____ Please PRINT Authorized Name: _____	<input type="checkbox"/> Check (allow extra time to process order) _____
---	--

Please make your check payable to **“Backus”**