



## PRODUCT ORDER FORM

BILL TO	Name		
	School / Organization		
	Street Address		
	City	State	Zip Code
	Phone	Fax	Email

SHIP TO	Name		
	School / Organization		
	Street Address		
	City	State	Zip Code
	Phone	Fax	Email

PRODUCT INFORMATION	Quantity	Item No.	Description	Unit Price	Total	
	Subtotal					
	Sales Tax (for NYS Residents Only)					
Shipping & Handling						
TOTAL						

<input type="checkbox"/> Check	Check No. _____	Date: _____	<input type="checkbox"/> Purchase Order No. _____
(Please make check payable to Advanced Multimedia Devices, Inc.)			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express	
Account Number:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Expiration Date:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Security Code / Amex CID: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Name: _____	Signature: _____		