



PRODUCT ORDER FORM

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

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

PRODUCT INFORMATION	Quantity	Item No.	Description	Unit Price	Total
			Subtotal		
			Sales Tax <i>(for NY, NJ, HI, IN & CA ONLY)</i>		
			Shipping & Handling		
			TOTAL		

<input type="checkbox"/>	Check (Please make check payable to Advanced Multimedia Devices, Inc.)	Check No. _____	Date: _____
<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"/>	S. Code: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Name: _____	Signature: _____		