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# Order Form

PO# \_\_\_\_\_

Order Date \_\_\_\_\_

BILL TO	SHIP TO
Name _____	Name _____
Company _____	Company _____
Phone _____	Address _____
Fax _____	_____
Email _____	_____

PART NO.	QUANTITY	PRODUCT DESCRIPTION	PRICE
<b>TOTAL</b>			

**PAYMENT METHOD**

Bill Credit Card   
  Other form of payment \_\_\_\_\_

   
    
    
 

Cardholder's Name \_\_\_\_\_  
 Card # \_\_\_\_\_ Code# \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_

Fax orders to: 951-688-8802 or order online at: [www.ingen-tech.com](http://www.ingen-tech.com)