

Complete Address. → Phone @ delivery address: _____

'DELIVERY' ADDRESS:

Company Name, Contact Name and

Pacific Northwest X-Ray, Inc.

Today's Date:

PO Box 625 * Gresham, OR 97030

Phone: 503-667-3000 / 800-827-9729 / <u>Fax</u>: 503-465-8550 or 503-666-8855

■ E-mail: SalesD@pnwx.com

☐ Check if residence address

			— <u>_</u>	'Bill To' Address. Required on Credit Card Orders. Check here if Bill to address and Ship to address are the same.			
			Check here if Bill to address	ss and Ship to address a	re the same.		
E-Mail A	ddress <u>for confirmation of</u>	receipt & returned paid invoice:			_		
Email: _							
Qty	Stock/Model #	Customization SIZE? Fabric?	Product Description	Unit Price	Total		
				Product Total:			
	→ → Be advised	$d\colon$ in the event of possible technolo	ogy failure between fax machines, you may wan	nt to call or email us to veri	fy that we did		
indeed rec	eive your faxed order, par	ticularly if this order is urgent.	SalesD@PNWX.COM or 800-827-9729. *All credit card paym	nents will be charged a 3%	transaction fee*		
**Freigh	t charges do apply in m	ost orders but vary by product	weight. If you are paying by check or				
money order or your department requires this amount prior to ordering, please contact us so may advise you of those charges, & they will be included your payment total.				Total From Above:			
Credit Card #:			Exp. Date:	Freight Charges if known:			
Security Code: Name on front of card:				**(see left): No Sales Tax will be collected.			
•	me Phone Number:	lana mida mana andar 1977 34	is information for any other seconds.				
* Required in the event there is a problem with your order. We won't use this information for any other purpose other than to contact you about this order.				Subtotal before card fee:			
Signatur	e of Card Owner:						