

PLEASE FAX THE ORDER FORM TO: (626) 581-3778

COMPU EXPERT DISTRIBUTION INC.

833 Lawson Street., CITY OF INDUSTRY, CA 91748

TEL: (626) 581-3777 FAX: (626) 581-3778

YOUR CUSTOMER ID NO. _____

DATE _____

CUSTOMER'S

P/O NO. _____

PURCHASE ORDER

ATTN:
SOLD TO:
TEL: _____ FAX: _____

ATTN:
SHIP TO:
TEL: _____ FAX: _____

SALES PERSON	SHIPPING DATE	SHIP VIA	PAYMENTS
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ORDERED	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	REMARKS

SPECIAL INSTRUCTION:

SUBTOTAL
FREIGHT CHARGE
HANDLING CHARGE
GRAND TOTAL

PURCHASER NAME: _____ PURCHASER SIGNATURE: _____
(Please Print)

COMPANY NAME: _____