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PARTS ORDER FORM

Call Letters/Customer: _____ Date : _____

Bill to Address: _____

Accounts Payable Contact: _____ A/P Tel: _____ A/P Fax: _____

Ship to Address: _____

Phone: _____ Fax : _____ Email: _____ Customer P.O. No. _____

Model: _____ Frequency: _____

<u>P/N</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>STOCK</u>	<u>PRICE EACH</u>	<u>EXTENDED PRICE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Subtotal _____

Tax (CA only) _____

Handling Charge 5.00

UPS GND _____ UPS 3 Days _____ UPS Blue _____ UPS Red _____ Shipping _____

Total Amount \$ _____

Terms: Net 30 [] Prepay [] VISA [] MASTERCARD [] AMEX [] DISCOVER CARD []

Customer Signature: _____ Customer Name: _____

Cardholder Name: _____ Card No: _____ EXP: ____ / ____

Authorized Credit Card Signature: _____ Authorized Amount \$ _____

For TFT Use Only:
 Order Processed By: _____ Stock Room: _____ Q.A.: _____ Date Shipped: _____