



PURCHASE ORDER

Wholesale

P. O. Box 506

W. Long Branch, NJ 07764

(732) 901-5976

Date: _____

Purchase Order #: _____

BILL TO: (If using a credit card, use the card billing address.)

Billing Name: _____

Billing Address: _____

City, State Zip: _____

Phone Number: _____

SHIP TO:

Company Name: _____ SAME _____

Street Address: _____

City, State Zip: _____

Phone Number: _____

Payment Method: Visa MasterCard Check Shipment Method: Ground 3Day 2Day Overnight

Card Number: _____ Expiration Date: _____ Sales Tax Exempt ID#: _____

Security Code (3 or 4 digits on back of card): _____

*This worksheet contains formulas. Please enter quantity desired in the "Quantity" column.

Item	Package Type	Quantity	Price Each	Total	Quantity Shipped	Quantity Back-ordered
Vortex Fuel Savers	1		\$ 250.00	\$ -		
Vortex Heavy Duty Gas/Diesel Fuel Savers	1		\$ 400.00	\$ -		
Diesel Individual Injector Lines	1		\$ 20.00	\$ -		
Vortex Auto Transmission System	1		\$ 250.00	\$ -		
				\$ -		
				\$ -		
				\$ -		

Total Charges \$ -

Payment Terms, Net 15 Days.

Authorized Party (Please Print): _____

Authorized Signature: _____

Please Fax Orders to: (732) 901-5902, or mail to P.O. Box 506, W. Long Branch, NJ 07764.

Order is subject to terms of the Retailer/Installer Agreement.

To be Completed by Corporate:

Sales Representative Name: _____ Invoice Sent _____ Sales Order #: _____

Sales Representative Number: _____ Order Packed by _____ Check here if demo product: _____

Order Approved by: _____

Form 2 Last Updated 2/28/08