PURCHASE ORDER

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): _____

Item	Package Type	Quantity	Price Each	Total	Quantity Shipped	Quantity Back-ordered
Vortex Fuel Savers	1		$ 350.00	$ -		
Vortex Fuel Optimizer (Diesel)	1		$ 450.00	$ -		
Diesel Individual Injector Lines	1		$ 20.00	$ -		
Vortex Auto Transmission System	1		$ 250.00	$ -		
				$ -		
				$ -		
				$ -		

Total Charges **$ -**

Payment Terms, Payment with Order.

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.

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: _____