



# 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
<b>Vortex Fuel Savers</b>	1		\$ 250.00	\$ -		
Vortex Light Duty Diesel Fuel Savers	1		\$ 325.00	\$ -		
Diesel Individual Injector Lines	1		\$ 20.00	\$ -		
Vortex Auto Transmission System	1		\$ 175.00	\$ -		
				\$ -		
				\$ -		
				\$ -		

Total Charges \$ -

Payment Terms as per contract.

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 7/28/08