

Open Account Order Form

(EMAIL, MAIL OR FAX)

Ordered By _____ Title _____ Email _____

Department _____ Tele. _____ Fax _____

DATE	P.O.#	For Tax Exemption	Ship Via
		Fax Resale Card to 818-883-7043.	

Billing Address:	Shipping Address:

QUANTITY	MODEL	DESCRIPTION	UNIT PRICE	TOTAL

TAX (CA Only) \$ _____
Shipping and Insurance \$ _____
TOTAL \$ _____

PAYMENT METHOD:

Open Account: **NET 30 Days.**

Authorized Signature _____

For an Open Account the Following Requirements must be met:

1. Copy of Company Purchase Order.
2. Completed Credit Application.

FOR OFFICE USE ONLY	
Credit Approved	Yes _____ No _____
Taxable	Yes _____ No _____
Commission	Yes _____ No _____
Additional Info:	_____

TA _____ **TECHNICAL ASSOCIATES**

7051 ETON AVENUE, CANOGA PARK, CA 91303
TELEPHONE (818) 883-7043 * FAX (818) 883-6103

Email: tagold@nwc.net

www.tech-associates.com