



PURCHASE ORDER

Credit Card Order Form

Ultraview Corporation
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 sales@ultraviewcorp.com

DATE: _____

THE FOLLOWING NUMBER SHOULD APPEAR ON ALL
 RELATED CORRESPONDENCES & INVOICES:

PO NUMBER: _____

SHIP TO:		CREDIT CARD INFORMATION:	
NAME:		CARD NUMBER:	
COMPANY:		CVV CODE:	
STREET ADDRESS:		EXP DATE:	
CITY, STATE:		NAME ON CARD:	
ZIP:		BILLING ADDRESS:	
E-MAIL:		CITY, STATE:	
PHONE:		ZIP:	
		CARD TYPE:	VISA: _____ MC: _____ AMEX: _____

P.O. DATE	SHIP DATE	SHIPPING METHOD	SHIPPING ACCT. NUMBER

PART NUMBER AND DESCRIPTION	QTY	UNIT PRICE	TOTAL

OTHER COMMENTS OR SPECIAL INSTRUCTIONS

SUBTOTAL
 SALES TAX
 SHIPPING
 OTHER

 TOTAL

 CREDIT CARD HOLDER'S SIGNATURE