

Ultraview Corporation

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PURCHASE ORDER

Credit Card Order Form

The following number should appear on all related correspondence, and invoices:

P.O. NUMBER: _____

SHIP TO

Name:	
Company:	
Street Address:	
City, State, ZIP:	
Phone Number:	

CREDIT CARD (C.C.) INFORMATION

C.C. Number:	
Expiration Date:	
Name On C.C.:	
C.C. Billing Address:	
City, State, ZIP:	
C.C. Type:	
VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____	

P.O. DATE	SHIPPING METHOD	TERMS	SHIP DATE

L/N	QTY	PART NUMBER AND DESCRIPTION	UNIT PRICE	TOTAL
1				
2				
3				
4				
5				
6				
7				
8				
			SUBTOTAL	
			SALES TAX	
			SHIPPING	
			OTHER	
			TOTAL	

 Credit Card Holder's Signature