If you are submitting a purchase order, please attach it to this completed order form.

Product Order Form

WaveSense, Inc.
15339 Barranca Pkwy.
Irvine, CA 92618
Phone: 949-341-1980
Fax: 949-341-1982
**Call us for larger orders*

❶ Customer Account Number:

_____
(see recent invoice or packing slip)

Order requested by _____

Phone ( ) _____

❷ Ship to:

Name _____

Title _____

Organization _____

Street _____

City _____ State _____ Zip _____

Phone ( )_____

Fax ( ) _____

Email _____

Bill to: (if different)

Name _____

Title _____

Organization _____

Street _____

City _____ State _____ Zip _____

Phone ( )_____

Fax ( ) _____

Email _____

❸ Product Description

	Catalog Number	QTY	Unit Price	Total
			Subtotal $	

❹ Payment Method

☐ Purchase Order # _____
☐ Prepay by Check: (payable to WaveSense, Inc.)
☐ Invoice - Net 30 Days
☐ Credit Card:
☐ Visa ☐ MasterCard ☐ American Express

Credit Card # _____

Name of Cardholder _____

Signature: _____

❺ Shipping Payment

Shipping preference:
☐ No Preference
☐ FedEx
☐ UPS
☐ Other: _____

Shipping Payment preference:
☐ Prepay & Add to Invoice
☐ Use my Company's Account # _____

❻ Authorization, Price and Terms

Prices effective from January1, 2009 to December 31, 2009 and subject to change without notice. Terms are balance net 30 days.
Shipping charges added to invoice per shipping preference.
I authorize WaveSense, Inc. to ship this order and agree to the terms set forth in the current WaveSense Inc. catalog.

Authorized Signature _____

Title _____ Date _____