



Credit Card Sales Form

Please return to (562) 926-8900 or accounting@elitescreens.com

Purchase Order # _____ **Elite Screens Contact/Sales Rep** _____

Sold & Ship To (Must be the same): _____

Company: _____

Address: _____

City, State & Zip Code: _____

Phone #: _____

Price	Quantity	Model Number
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

\$ _____ **Sub Total**

\$ _____ **CA Tax (Orange County 8.0%, Rest of CA 7.5%)**

\$ _____ **Shipping & Handling (Please circle RESIDENTIAL or COMMERCIAL)**

\$ _____ **Grand Total**

Please circle: **VISA** **MasterCard** **American Express**

CC Number: _____ Exp. Date: _____

Please Print Card Holder's Name: _____

I here by authorize the use of this credit card to Elite Screens, Inc., for the purchase of the specified equipment above.

Signature: _____ Date: _____