



PRODUCT ORDER FORM

BILL TO:

(Co. Name, Address, Phone):

SHIP TO:

PURCHASE ORDER NO: _____

Product Number	Quantity	Description	Color	Price	Total
ALL ITEMS FOB: MINNEAPOLIS, MN, USA					
Subtotal					
Sales Tax (Outside MN)					(Customer Responsibility)
Handling Chg (Orders less than \$100.00)					\$5.00
Shipping					
TOTAL					

TERMS: WIRE TRANSFER, CASH, COD, OR CREDIT CARD

Preferred Shipping Method: _____ **Acct#:** _____

MAIL TO:
PSCOPE, INC.
Attn: Donna
5057 Thomas Ave South
Minneapolis, MN 55410

Fax, Email or Call us:
Voice: 612-929-6100
Fax: 612-929-6106
Email: supplies@pscop.com