



# Order Form

**TO ORDER BY MAIL PLEASE USE THIS FORM**  
 Please include a phone number where you can be reached during the day so we may contact you with questions or information regarding your order.

FAX ORDERS: 952-832-5434

<b>Ship To:</b>	
Name:	_____
Company:	_____
Address:	_____ _____
City:	_____
State:	_____ Zip: _____
Phone:	_____ Fax: _____
Email:	_____

<b>Bill To:</b>	
Name:	_____
Company:	_____
Address:	_____ _____
City:	_____
State:	_____ Zip: _____
Phone:	_____ Fax: _____
Email:	_____

Item#	Product Name	Product Number	QTY	Unit Price	Total Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>CD ROM, Inc.</b> 6520 Edenvale Blvd, Suite # 230 Eden Prairie, MN 55346 Toll Free: 1.866.66.CDROM(23766)				SubTotal:	
				Freight <i>Free UPS Ground for GSA</i>	
				Tax (6.5% MN)	
				<b>TOTAL:</b>	

<b>Payment Method:</b>				
Check Enclosed: <input type="checkbox"/>	PO #: <span style="border: 1px dashed black; padding: 2px 10px;"> </span>			
Credit Card:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">VISA</td> <td style="width: 33%; text-align: center;">M.C.</td> <td style="width: 33%; text-align: center;">AMEX</td> </tr> </table>	VISA	M.C.	AMEX
VISA	M.C.	AMEX		
CC#:	_____			
Expiration:	_____ V-Code: _____			
Name:	_____			
Signature:	_____			

