# ORDER FORM

**Please complete and fax this form to the desired UniNet Regional Sales Office below.**

**ATTENTION: (UNINET SALES REP.)** _____ **DATE:** _____

**UNINET CUSTOMER ID #:** _____ **PHONE:** _____ **FAX:** _____ **P.O. #:** _____

**BILLING INFORMATION**

COMPANY NAME _____

CONTACT _____

COMPANY ADDRESS _____

CITY _____

STATE/PROVINCE _____ ZIP _____

COUNTRY _____

**SHIPPING INFORMATION**

COMPANY NAME _____

ATTENTION _____

SHIPPING ADDRESS _____

CITY _____

STATE OR PROVINCE _____ ZIP _____

COUNTRY _____

**PAYMENT METHOD**

☐ COD ☐ CHECK ☐ WIRE ☐ OTHER: _____

☐ CREDIT CARD ☐ TERMS: _____

CREDIT CARD ACCT. # _____

EXP. DATE _____

NAME _____

AUTHORIZED SIGNATURE _____

**SHIPPING METHOD**

☐ UPS ☐ FEDEX ☐ DHL ☐ OTHER: _____

☐ GROUND ☐ 3 DAY ☐ 2 DAY ☐ NEXT DAY

☐ STANDARD ☐ PRIORITY

☐ BILL TO SHIPPING ACCOUNT # _____

| ITEM NUMBER | QTY | DESCRIPTION | PRICE |
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**SPECIAL INSTRUCTIONS**

**Comments:** _____

## UNINET REGIONAL SALES OFFICE FAX NUMBERS

**U.S. WEST COAST**
**+ 1-424-675-3400**

**U.S. EAST COAST**
**+ 1-888-791-9188**

**EUROPE**
**+ 34-93-741-4166**

**PHILIPPINES**
**+ 63-2-5843150**

**ARGENTINA**
**+ 54-11-4574-3706**

**MEXICO**
**+ 52-722-319-4791**

**COLOMBIA**
**+ 57-1-4185094**

**VENEZUELA**
**+ 58-241-824244**

**PERU**
**+ 51-1-471-9272**

**INTERNATIONAL**
**+ 1-424-675-3404**



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