

CMT PURCHASE ORDER FORM

CMTINC.COM
3910 SW 53rd Street
Corvallis, OR 97333 USA

Email: support@cmtinc.com
~~XXXXXXXXXXXXXXXXXXXX~~

Company Name: _____

Invoicing Address: Attention: _____

City _____ State _____ ZIP _____

Phone: _____ Fax: _____

Shipping Address: Attention: _____

(if different)

(No P.O. Boxes please)

City _____ State _____ ZIP _____

Phone for Shipping Address: _____

Email: _____ Contact: (if different) _____

CMT Part #	Item / Description	Qty	List Price	Extended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Shipping & Handling Charge (per quotation): _____

Any duty and taxes are the responsibility of the purchaser.

Total : _____

If purchasing software upgrade, please provide the serial number from the software CD or the original invoice.

Payment Terms
(circle):

Net 30
Official P.O. required

Prepaid
by Check

Prepaid
by Wire

Prepaid by VISA
or Master Card
via PAYPAL

PO# (if
applicable): _____

Authorization : _____

Date: _____