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ORDER FORM

Bill To/Mail To: _____

Ship To: _____

Phone Number(s): ___ Residential ___ Commercial

(___) _____ Day

E-mail address: 1) _____

(___) _____ Evening

2) _____

(___) _____ Fax

Your Purchase Order Number: _____

Qty	Our Part #	Item Description	Unit Price	Amount

Terms: - A 50% deposit on long-term items guarantees current price at time of delivery.
- Balance due prior to shipment.
- All prices are in U.S. Dollars.
- Accepted forms of payment (US): money order, personal check (10 days to clear), credit card, an ACH debit authorization or wire transfer (forms and instructions can be found on our website).
- Accepted forms of payment (International): international bank draft, credit card (must be shipped to the same address as billing address of credit card) or wire transfer (instructions can be found on our website).

Sub-Total _____

(Illinois residents include 8.25%) **Sales Tax** _____

(If Applicable) **Shipping** _____

Total _____

50% Deposit of Sub-total *(long-term items)* _____

FOR ASTRO-PHYSICS USE ONLY:	DR: _____	CN: _____	SON: _____
P/MOP: _____	SPR: _____	MPR: _____	ED: _____

Name as it appears on credit card (please print): _____

Discover/VISA/MasterCard # _____

Please mark here if using a Debit Card: _____

3-Digit Verification (back of card) _____ Exp. Date (month/year) ____ / ____

Credit Card billing address: _____

Amount: _____

FOR ASTRO-PHYSICS USE ONLY: DR: _____ CN: _____ SON: _____

PAYMENT PROCESSED Initials: _____