



Order Form

*Please enter all pertinent information for KV Electronics to ship

Bill to:

Name *

Company *

Address *

Address 2

City * **State *** **Zip ***

Phone# * **Fax# ***

E-mail *

Ship to:

Note: (If ship to and bill to are the same you do not have to enter)

Name *

Company *

Address *

City *

State * **Zip ***

Customer PO# *

Ship Partial Order **Yes** **No**

Quantity	Customer Part #	Description	Mfg Part#	Manufacturer	Price	Due Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

** Shipping charges are based on weight and destination and will be added to invoice

Method of Payment	Visa	Master Card	American Express	COD	Request Terms
Shipping Method	UPS Red (Next Day)	UPS Blue (Second Day)	UPS Orange (Three Day)	UPS Ground	
	FedEx (Overnight)	FedEx (Standard)	FedEx (Economy)	FedEx (Saver)	

If Billed to Credit Card:

Card# **Expiration Date**

Cardholder's Name