ORDER No. 990001

ORBITEL INTERNATIONAL LLC

ONLINE ORDER FORM

Order Date _____

Date Needed _____

CUSTOMER ID# _____

Company _____ Contact Name _____

TAX ID : _____ E-Mail _____

Phone : _____ FAX : _____ Cell Phone : _____

SHIP TO —

Name _____

Address _____

_____

City _____ State _____

Zip _____ Phone _____

BILL TO —

Name _____

Address _____

_____

City _____ State _____

Zip _____ Phone _____

PAYMENT INFORMATION :

☐ **Credit Card** ☐ **Other** _____

Card Type

☐ VISA ☐ MasterCard ☐ Discover

☐ American Express ☐ Other _____

Card Number _____ Exp. Date ____ Security Code ____*

* AMEX need 4 Digits

Qty	Item #	Description	Unit Price	Total

Special Instructions :		
	Subtotal	
	Sales Tax	
	Shipping	
	TOTAL	

For Internal Use:	