

Order Form

SKU #	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
CO residents add 7% Sales Tax			TOTAL	

SHIPPING INFORMATION:

Company: _____ Contact Name: _____
 Address**: _____
 City: _____ State: _____ Country: _____ Postal Code: _____
 Phone and Fax Number: _____
 Email address: _____

Note: a 15% restocking fee will apply for all returned product within 30 days and must be in original condition and carton. All returns must be approved****

SHIPPING: You will be charged for shipping in addition to your order above.

**FAX FORM
TO 303- 623-2640**

- UPS Ground - allow 3-5 days for delivery
- UPS Blue - 2 day shipping
- FedEx Overnight - overnight shipping
- Other (your acct # and instructions) _____

METHOD OF PAYMENT: Please indicate your choice of payment below.

- COD - not available for overseas accts
- Prepaid - please mail this order form with your check to the above address to the attention of Finance.
- Credit Card - Please complete information below and fax or mail to address below.

Credit Card (Circle One) Mastercard Visa American Express

Credit Card Number: _____

Expiration Date: _____ Name on Card: _____

Billing Address (if different): _____

City: _____ State: _____ Country: _____ Postal Code: _____

I authorize Borg Displays to bill my credit card for the cost of the above products and all shipping charges incurred with this order. I further understand that all returns must have prior written authorization.

Signature of Cardholder _____