



**Z~Communications, Inc.**

# Sales Order Form

Customer PO #

Order Date (mm/dd/yy)

## Bill To:

Company Name

Address

City, State/Prov, Zip

Country

Attn: Person

Phone

Ship To: ☐ Use billing address for shipping

Company Name

Address

City, State/Prov, Zip

Country

Attn: Person

Phone

Z-Comm PN	Customer PN	Dock Date	Comments	Unit Cost	Quantity	Total

Tax Exempt

Sub Total\*

Payment Terms

\*Tax and shipping charges will be added to this sub total when applicable.

Preferred Shipping Method

To ship using your UPS, FedEx or DHL account number, please specify:

The undersigned is a duly authorized purchasing agent of the above referenced organization and is authorizing the purchase of this equipment.

Credit Card Number

Name on Card

Exp. (mm/yy)

Billing Zip Code

Printed Name

Signature

Date (mm/dd/yy)

## Terms of Sale:

Z-Communications, Inc.  
Standard Terms and  
Conditions of Sale apply  
FOB Point: Origin

**Fax To: 1-858-486-1927**

This form requires Adobe Acrobat Reader 7.0 or later. Download the latest Adobe Reader here:  
<http://get.adobe.com/reader>