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## MAIL/FAX ORDER FORM

						No. of Pages:	
701 Brooks Avenue South PO Box 677 Thief River Falls, MN 56701-0677  Personal Order Company Order (Please Check One)  Ship to: Customer Number			То:			From:	
			Co.: Digi-Key Corporation			Co.:	
			Dept.: Order Department			Phone No:	
			Fax No: 218-681-3380 Fax No:  (Please Check One) Payment Method:   Credit Card   COD   Check or MO   Open Acct.  Card Number:   MC   VISA			Fax No:	
						Date Security Code (See back of card.)	
						Credit Card Holder's Name (Ple	
			Custon	ner Name			
-	_						
						uite	
City _				State Zip			
Bill to	•						
			Account No.				
Compa	ny Name		Phone (			)	
Billing	Address		Apartment/S			suite	
City _					State	Zip	
Quant	ity Digi-Key Part No.	Description	(brief)	Price/Unit	Total Price	Ship Via:	
1						•	
2						Are substitutions acceptable?  Yes No	
3						Are backorders acceptable?  ☑ Yes ☑ No	
4						Backordered for a period of days.	
5						Backorder shipping method:	
6						Confirmation required?  ✓ Yes ✓ No	
7						Confirm VIA: Phone FAX Email	
8						Confirm VIA: M Phone M FAX M Email	
9							
10						SHIPPING INFORMATION	
11						We pay all shipping (our choice of method) and insurance to addresses in the USA	
12						and Canada when check or money order accompanies order. See "Shipping Charges"	
13						in the Digi-Key Terms and Conditions for details on heavy/oversize items.	
14							
15						1. Total of all items\$	
16						2. Sub Total\$	
17						3. Please remit any	
18						applicable taxes \$	
19						4. Total enclosed\$	

ALL ORDERS SUBMITTING VIA THIS ORDER FORM ARE SUBJECT TO THE TERMS AND CONDITIONS, INCLUDING, WITHOUT LIMITATION, THE WARRANTY DISCLAIMERS AND LIMITATIONS ON LIABILITY, BEGINNING ON THE REVERSE SIDE OF THIS ORDER FORM.