## THE CORPORATION OF

Ship to:

City

Bill to:

P.O. No.

City

Quantity

**Customer Number** 

**Customer Name** 

**Company Name** 

**Company Name** 

**Billing Address** 

Shipping Address

701 Brooks Avenue South PO Box 677 Thief River Falls, MN 56701-0677

Til Personal Order Til Company Order (Please Check One)

Digi-Key Part No.

## MAIL/FAX ORDER FORM

			No. of Pag	jes:	
To:			From:		
Co.: Digi-Key	Corpo	ration	Co.:		
Dept.: Order D			Phone No:		
Fax No: 218-68		Fax No:			
(Please Check One)					
	□ Credi	t Card 🖂 COD	☐ Check or MO ☐ Open Acct		
Card Number:					
DMC DVISA L DAMEX DDIscover		Expiration Date			
		Lixpiration bate	(See back of card.)		
Credit Card Holder's	Name (Ple	ase Print Clearly)	Mo. Yr.		
		Phone (	)		
		Email			
		Apartment/Su	ılta		
		State			
		A LOINE:	Zip		
		Account No.			
		Phone (	)		
		Apartment/Si	uite		
		State	Zip		
		,			
rief)	Price/Unit	Total Price	Ship Via:		
			Are substitutions acceptable?  LI Yes LI No		
			Are backorders acceptable?		
			Q Yes Q No		
			Backordered for a period of	days.	
			Backorder shipping method:		
			Confirmation required?		
			a Yes a No		
			Confirm VIA: D Phone D FAX	′ 🗇 Email	
			J U		
		r			
			SHIPPING INFORMA	TION	
			We pay all shipping (our choice		
			and insurance to addresses and Canada when check or m	in the USA Joney orde	
			-accompan <mark>i</mark> es order. See "Shippii	ng Charges	
			in the Digi-Key Terms and Co details on heavy/oversize items.	nditions fo	
			1. Total of all items	<b>3</b>	
			2. Sub Total	š	
			3. Please remit any		
			applicable taxes	;	
			**		
			4. Total enclosed		
			(Total of all lines )	(US Dollars)	

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.