					140. 01 1 agcs.				
CORPORATION CONTROL OF THE CONTROL O			То:			From:			
			Co.: Digi-Key Corporation		ration	Co.:			
			Dept.: Order Department		nent	Phone No:			
			Fax No: 218-681-3380			Fax No:			
PO Box 677 Thief River Falls, MN 56701-0677			(Please Check One) Payment Method: □ Credit Card □ COD □ Check or MO □ Open Acct.  Card Number: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
Personal Order			□ MC □ VISA □ AmEx □ Disc		Expiration Date				
Ship to:						Mo. Yr.			
ustomer	Number		Credit Card Holde	r's Name (Ple	ase Print Clearly)	MO. Tr.			
ustomer	Name				Phone (	)			
ompany	Name				Email				
hipping /	Address				Apartment/S	uite			
City						Zip			
Bill to:									
P.O. No.					Account No.				
Company Name						Phone ( )			
Billing Address						Apartment/Suite			
ity					State	Zip			
Quantity	Digi-Key Part No.	Description (b	rief)	Price/Unit	Total Price				
1						Ship Via:			
<u> </u>						Are substitutions acceptable?			

MAIL/FAX ORDER FORM

Quantity	Digi-Key Part No.	Description (brief)	Price/Unit	Total Price
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

zip					
Ship Via:					
Are substitutions acceptable? ☐ Yes ☐ No					
Are backorders acceptable? ☐ Yes ☐ No					
Backordered for a period of days.					
Backorder shipping method:					
Confirmation required? ☐ Yes ☐ No					
Confirm VIA: ☐ Phone ☐ FAX ☐ Email					

No of Page:

## SHIPPING INFORMATION

We pay all shipping (our choice of method) and insurance to addresses in the USA and Canada when check or money order accompanies order. See "Shipping Charges" in the Digi-Key Terms and Conditions for details on heavy/oversize items.

1. Total of all items	\$
2. Sub Total	\$
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.