



## **Order Form**

Product ID	Quantity	Unit Price (USD)	Extended Price (USD)	
Quote Number: (if applicable)		Shipping and Handling Total Price (USD)		
Bill To (required):	Ship	To (required):		
Name:	Name	Name:		
Company:	Comp	Company:		
Address:	Addre	ess:		
Country:		ntry:		
Email:	Emai	Email:		
Payment Method:  Purchase Order - terms NET 15 +2% after 15 da  Provide PO number:  Credit Card (payment accepted through PayPal)  Pre-Pay with Bank Transfer (contact Litron for deta  International orders only: Incoterms® 2010: CIP, destination airport. Customer will be responsible for duties and taxes.	End Ultim	End User Name:  End User Phone:  Ultimate Consignee is (Check One): Direct Consumer (non-government) Reseller (non-government) Government Entity Other:		

Print Name: \_\_\_\_\_ Signature: \_\_\_\_ Date: \_\_\_\_ Date: \_\_\_\_ By signing this document, I accept these terms and affirm all information above is accurate to the best of my knowledge.