



# PURCHASE ORDER

## Credit Card Order Form

### Ultraview Corporation

808 Gilman Street  
 Berkeley, CA 94710  
 Phone (925) 253-2960  
 sales@ultraviewcorp.com

DATE: \_\_\_\_\_

THE FOLLOWING NUMBER SHOULD APPEAR ON ALL  
 RELATED CORRESPONDENCES & INVOICES:

PO NUMBER: \_\_\_\_\_

SHIP TO:		CREDIT CARD INFORMATION:	
NAME:		CARD NUMBER:	
COMPANY:		CVV CODE:	
STREET ADDRESS:		EXP DATE:	
CITY, STATE:		NAME ON CARD:	
ZIP:		BILLING ADDRESS:	
E-MAIL:		CITY, STATE:	
PHONE:		ZIP:	
		CARD TYPE:	VISA: _____ MC: _____ AMEX: _____

P.O. DATE	SHIP DATE	SHIPPING METHOD	SHIPPING ACCT. NUMBER

PART NUMBER AND DESCRIPTION	QTY	UNIT PRICE	TOTAL

OTHER COMMENTS OR SPECIAL INSTRUCTIONS

SUBTOTAL  
 SALES TAX  
 SHIPPING  
 OTHER  


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 TOTAL

\_\_\_\_\_  
 CREDIT CARD HOLDER'S SIGNATURE