



PURCHASE ORDER

MARKETING MATERIALS

P. O. Box 506
 W. Long Branch, NJ 07764
 (732) 901-5976

Date: _____
 Purchase Order #: _____

BILL TO: (If using a credit card, use the card billing address.)

Billing Name: _____

Billing Address: _____

City, State Zip: _____

Phone Number: _____

SHIP TO:

Company Name: _____

Street Address: _____

City, State Zip: _____

Phone Number: _____

Payment Method: Visa MasterCard Check Shipment Method: Ground 3Day 2Day Overnight

Card Number: _____ Expiration Date: _____ Sales Tax Exempt ID#: _____

Security Code (3 or 4 digits on back of card): _____

*This worksheet contains formulas. Please enter quantity desired in the "Quantity" column.

Item	Package Type	Quantity	Price Each	Total	Quantity Shipped	Quantity Back-ordered
<i>Vortex Fuel Saver</i> Tri-Fold Brochures	100/pack		\$ 10.00	\$ -		
Clear Take-one Holders	1		\$ 2.50	\$ -		
Authorized Installer Poster	1		\$ 1.50	\$ -		
<i>Vortex Fuel Saver</i> Benefits Poster	1		\$ 1.50	\$ -		
Sales Rep Starter Kit	1		\$ 49.95	\$ -		
Business Cards	250/pack		\$ 32.00	\$ -		
				\$ -		
				\$ -		
				\$ -		

Total Charges \$ -

Order is subject to terms of Independent Sales Representative Agreement.

Sales Representative Name: _____ Sales Representative Number: _____

Authorized Signature: _____

Please Fax Orders to: (732) 901-5902

To be Completed by Corporate:			Sales Order #: _____
Reports Current _____	Invoice Sent _____	Check here if demo product: _____	
Payments Current _____	Order Packed by _____	Order Approved by: _____	