Order Form

DATE _____

P.O. # _____

BILL TO	SHIP TO (If other than Bill To)	
Name	Name	❒ VISA ❒ DISCOVER ❒ MASTERCARD ❒ AMEX
Company	Company	Phone Exp. Date
E-Mail		Card No.
Address	Address	Issuing Bank
City State Zip		Name (As It Appears on Card)
Phone Fax	City State Zip	Open Account Terms Available with Credit Approval.
Signature		

Freight Choices: ❒ UPS Ground ❒ UPS Blue (2-Day) ❒ UPS Orange (3-Day) ❒ UPS Red (Overnight) ❒ Other _____

Model Number	Qty.	Description	Unit Price	Total

Fax Back to: 201-814-0510

Toll Free Phone: 800-526-0242

E-Mail to: sales@comprehensiveinc.com
55 Ruta Court, South Hackensack, NJ 07606

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