ADVANTAGE DIFFUSER ORDER FORM

COMPANY:	PANY:				DATE:		
COMPANY COD	E:			NEW CUS	TOMER? Y	/N	
BILL TO:			SHIP TO:				
STREET:			STREET:				
STREET:			STREET:				
CITY:			CITY:				
STATE:		ZIP:	— STATE:		ZIP	:	
CONTACT:			CONTACT:			<u>- </u>	
PH #:			— PH #:				
E-MAIL: PO #			FAX:	COMMER	CIAL/RESID	ENTIAL	
QTY Pa	rt Number	Check if applicabl	е		Color	Price (EA)	
EA		[]3-WAY []2-WAY	THRU []2-WA	Y CORNER	W/B		
EA		[]3-WAY []2-WAY	THRU []2-WA	Y CORNER	W/B		
EA		[]3-WAY []2-WAY	THRU []2-WA	Y CORNER	W/B		
EA		[]3-WAY []2-WAY	THRU []2-WA	Y CORNER	W/B		
EA		[]3-WAY []2-WAY	THRU []2-WA	Y CORNER	W/B		
<u>E</u> A		[]3-WAY []2-WAY			W/B		
EA		[]3-WAY []2-WAY			W/B		
<u>EA</u>		[]3-WAY []2-WAY			W/B		
<u>EA</u>		[]3-WAY []2-WAY			W/B		
<u>EA</u>		[]3-WAY []2-WAY		Y CORNER	W/B		
<u>EF</u>		[]FILTER []NO FII			W/B		
<u>EF</u>		[]FILTER []NO FII			W/B		
<u>EF</u>		[]FILTER []NO FII			W/B		
<u>EF</u>		[]FILTER []NO FII			W/B		
<u>EF</u>		[]FILTER []NO FII			W/B		
<u>EF</u> EF		[]FILTER []NO FII []FILTER []NO FII			W/B W/B		
EF		[]FILTER []NO FII			W/B		
	ASSEMBLED	[] UNASSEMBLED		BOX TYPE	[] SINGLE	[] DOUBLE	
CARRIER:	_UPSFEDEX	[acct#	 _] \$	_SHIPPING	AMT (IF C	(UOTED)	
PAYMENT INFO CARD#	RMATION: []V	ISA []MASTERCARD	[]AMEX		SCOVER :	[]PREPAY	
Credit Card Sign	ature/Authorizati	on:		=			
Order submitte	d by (Please Print	:):					