



PURCHASE ORDER

**For Residential Systems. Please mail to address below with bank check
 Or Money order. Or Fax to: 508-752-8581 with Credit Card Info**

Last Name _____ **Date** _____
First Name _____ **Company** _____
Ship to Address _____ **Credit Card Billing Addr.** _____
City _____ **State** ___ **Zip** _____ **City** _____ **State** ___ **Zip** _____
Country _____ **E-mail** _____
Phone Number ___ (___) _____ **Fax Number** ___ (___) _____
Credit Card No _____ **Visa** ___ **MC** ___ **AM** ___ **Exp. Date** _____
Authorized Signature _____ **Money Order** ___ **Bank Check** ___ (please fax copy of
 Check or money order) **e-mail confirmation** **Yes** ___ **No** ___ **Expected Ship Date** _____

PRODUCT	QTY	UNIT PRICE	TOTAL
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Sub Total			\$ _____
Massachusetts Residents add 5% Tax			\$ _____

**Shipping/Handling (\$18.00 if order includes 1 Ultimatoll and small
 speakers - \$25.00 if 1 Controller plus Large speakers)** **US\$** _____ **[Ground - US]**

Grand Total **US\$** _____
Requested Shipping Date _____

Sales Person _____
 Please tell us how you heard about us: *Paper Ad, please name paper* _____
Web Search Engine _____ *Friend/Relative referral* ___ **City** _____ **State** ___

If mailed, send form to:
Quantometrix, Inc.
 97 Webster St. - Flr 2
 Worcester, MA 01603

SALES CONDITIONS
 Your order will be shipped within advised delivery time
 on Quotation. 30-day return period granted on all items
 in restockable conditions. Minimum of 25% charge
 applies to all blemished items. All returned materials
 must be received within 15 days of return authorization.