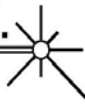


Credit Card Fax/Mail Order Form

ELECTRO-OPTIC DEVICES, INC.



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Company:	Tel #: ()
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	Email:
Purchaser's Name:	P.O. Number:

Item	Model	Qty	\$ / each	Comments
1				
2				
3				
4				
5				

(continue on another page if necessary)

Total Cost Before Shipping/Handling, Tax and Tariff: \$ _____ **USD**

Method of Payment: <input type="checkbox"/> VISA <input type="checkbox"/> MC
Payment Information: CC# _____ - _____ - _____ - _____ Expires: _____
Name on Card: _____
Signature: _____

Domestic Shipping: <input type="checkbox"/> UPS 1-Day <input type="checkbox"/> UPS 2-Day <input type="checkbox"/> UPS Ground <input type="checkbox"/> Fedex 1-Day <input type="checkbox"/> Fedex 2-Day <input type="checkbox"/> DHL <input type="checkbox"/> Priority Mail
International Shipping: <input type="checkbox"/> Express-Mail <input type="checkbox"/> Fedex-Int'l Service <input type="checkbox"/> DHL Worldwide
<input type="checkbox"/> Add shipping charges to this order (standard), or <input type="checkbox"/> Please ship on our carrier account: ACCT # _____
SHIP TO: _____ _____ _____ _____