

CMT PURCHASE ORDER FORM

CMTINC.COM
3910 SW 53rd Street
Corvallis, OR 97333 USA

Email: support@cmtinc.com
FAX: (541)752-4117

Company Name: _____

Invoicing Address: Attention: _____

City _____ State _____ ZIP _____

Phone: _____ Fax: _____

Shipping Address: Attention: _____

(if different) _____
(No P.O. Boxes please)

City _____ State _____ ZIP _____

Phone for Shipping Address: _____

Email: _____ Contact: (if different) _____

CMT Part #	Item / Description	Qty	List Price	Extended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Shipping & Handling Charge (per quotation): _____

Any duty and taxes are the responsibility of the purchaser.

Total : _____

If purchasing software upgrade, please provide the serial number from the software CD:

Payment Terms (circle): Net 30 Prepaid Prepaid Prepaid
Official P.O. required by Check by Wire by MC or VISA

PO# (if applicable): _____ Acct#: _____

Expiration: _____

Verification Code: _____

Authorization : _____

Date: _____

Please FAX completed form to (541) 752-4117. Our FAX is secure.
For order assistance call CMT at (541) 752-5456.