

# FOSCO.

FIBER OPTICS FOR SALE CO.

61 Rickenbacker Circle, Suite C, Livermore, CA 94551

www.fo4sale.com

Phone: 510-319-9878 Fax: 510-319-9876 Email: sales@fo4sale.com

## 4 EASY WAYS TO ORDER PRODUCT ORDER FORM

<b>EMAIL:</b> Complete and email your order form to: sales@fo4sale.com	<b>FAX:</b> Complete the order form and fax (24 hours) with your credit card information to 510-319-9876	<b>MAIL:</b> Complete the order form and mail with your check or credit card information to: 61 Rickenbacker Cir, Suite C Livermore, CA 94551 USA	<b>PHONE:</b> Note the item number(s) you wish to order, have your credit card ready, and call 800-268-0953 or 510-319-9878 to place your order.
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Part No.	Product Description	Quantity	Price Each	Total Price

**Shipping & Handling**  
 Up to 2 lbs.: USD \$12.50, plus \$1.50 each additional pound or partial pound.  
 For 2nd day, next day or international shipping costs, call **510-319-9878**

Subtotal \_\_\_\_\_  
 Shipping & Handling \_\_\_\_\_  
 Additional Pound(s) \_\_\_\_\_  
 Grand Total USD \_\_\_\_\_

All orders shipped via ground  
(7-10 day delivery)

Dr. Mr. Mrs. Ms. Miss \_\_\_\_\_  
 (please circle one)      First Name                      MI                      Last Name

Title \_\_\_\_\_ Organization Name \_\_\_\_\_  
 Mailing Address       Home       Business

Billing Address \_\_\_\_\_ Shipping Address (no P.O. boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Phone Number\* \_\_\_\_\_ Fax Number\* \_\_\_\_\_ E-Mail \_\_\_\_\_

\*For international numbers, please include country and city codes.  
 Required for shipping purposes.

Method of Payment (U.S. Funds Only)      Prices are subject to change.

Personal Check \$ \_\_\_\_\_       Organization Check \$ \_\_\_\_\_ Organization Name \_\_\_\_\_

Credit/Procurement Card    \_\_\_ VISA    \_\_\_ MasterCard    \_\_\_ American Express    \_\_\_ Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Cardholder Signature \_\_\_\_\_

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