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# Order Form

Date:

## Ordered By

Company:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone:

PO #:

Contact Name:

Email:

## Deliver To

Company:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone:

PO #:

Contact Name:

Email:

Item	Description	Quantity	Unit Price	Amount

Shipping Preference

Is your order taxable?  Yes  No

## Payment

Check payable to

Credit Card

- American Express
- Mastercard
- Visa

Card Number:

Expiration Date:  CVV:

Cardholder Name:

<b>Sub-total</b>	
<b>Tax</b>	
<b>Grand Total</b>	

## Internal Use Only

Order Completed:	
Ship Date:	

**TO SUBMIT ORDER, SAVE THIS FORM TO YOUR COMPUTER.  
 OPEN AND FILL OUT THE FORM, SAVE IT AGAIN, AND  
 EMAIL TO: donford@smxpower.com OR PRINT AND FAX IT TO 805-582-2308.**