BEFORE YOU BEGIN, PLEASE PHOTOCOPY THIS PAGE AND USE IT AS YOUR ORDERFORM.

METROFUSER

Fax/Mail *OrderForm*

STEP 1 Company Location:

Company: _____
Address: _____
City: _____
State/Province: _____ Zip/Postal Code:_____
Phone: ( ) _____
Fax: ( ) _____
ATTN: _____

STEP 2 Bill To:

Company: _____
Address: _____
City: _____
State/Province: _____ Zip/Postal Code:_____
Phone: ( ) _____
Fax: ( ) _____
ATTN: _____

STEP 3 Ship To:

☐ Check here if same as bill to, otherwise fill out below

Company: _____
Address: _____
City: _____
State/Province: _____ Zip/Postal Code: _____
Phone: ( ) _____
Fax: ( ) _____-____
ATTN: _____

STEP 4 Buyer Information:

Buyer Name _____
Job Title _____
E-mail _____

STEP 5 Method of Payment:

☐ **Existing Account P.O. No.:**_____
☐ **New Account?** *Call 1-908-245-2100 Ext.0 to open an account*
Or include D & B No. _____
or three credit references with order.

Corporate Purchasing Card Credit Card

Please specify type: ☐ VISA ☐ MasterCard ☐ American Express

Credit Card No.

Corporate Purchasing Card Reference No.
(If Applicable)

Name: _____
Phone: ( ) _____
Fax: ( ) _____
Signature_____
Exp. Date: ____ / _____
Month Year

STEP 6 *Product Selection:*

Qty	*Part #*	*Description*	*OEM Brand*	*NEXTGENN Brand*	*Service Type*	*Unit Price*	*Total*
1	*RG5-2664*	*4000 maintenance kit*		*X*	*Exchange*	*XXX*	*XXX*

Fax your order to **908-245-2900** 24 hours a day
Or mail to **Metrofuser LLC 275 Cox Street Roselle NJ, 07203 USA.**
Questions just call us at **908-245-2100** 9:00am-6:30pmEST Mon-Fri.
We will be happy to take your order over the phone or answers questions.

***ThankYou** forYour Order!*

Shipping Method	
Shipping Charges Actual shipping charges will be billed	
Handling Fee	2.00
Subtotal	
Tota l	