



Order Form

Phone: 1-877-640-4152

Billing Address:

Company Name: _____
Attention: _____
Address: _____

City: _____
State: _____
Zip: _____
Phone Number: () _____
Fax Number: () _____
Email Address: _____

Shipping Address: (if different from billing address)

Company Name: _____
Attention: _____
Address: _____

City: _____
State: _____
Zip: _____
Phone Number: () _____
Fax Number: () _____
Email Address: _____

P.O. / Ref. No. _____

Part Number	Description	Quantity	Unit Price	Total

Purchaser's Name: (Please Print) _____
Signature of Authorized Purchaser: _____
Method of Payment: _____
Cardholders Name: _____
Phone Number: () _____
Please charge my: MasterCard Visa American Express Discover
Credit Card Type: Company Personal
Acct No. _____ **Exp.** ____/____
CV Code: _____
Signature of Cardholder: _____

Subtotal	
Tax (NY & NJ only)	
Total (excluding shipping charges)	

Required Shipping*

- Next Business Day
 2nd Business Day
 Within 1 week
 Within 2 weeks

* Shipping Charges will be added and advised.

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