EMIRIMAGE CORP.

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ULTIMASS®

Order Form

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Date ☐☐☐

Company Name: .....

Billing Address: .....

Shipping Address: .....
(if different from billing address)

Phone: ..... Fax: .....

Contact Person: ..... E-mail: .....

Carton Quantity	Pieces Per Carton	Total Pieces	Description	Unit Price	Amount
			All Our Sales Are Final		
Authorized Signature:				TOTAL	

Shipment Method: ☐ Ground ☐ 2nd. Day Air ☐ Next Day Air ☐ Next Day Air (10 AM)

Courrier Company: ..... **Account Number:** .....

Payment Method: ☐ Cash ☐ Credit ☐ Check ☐ Other .....

First time customers, please mail of fax a copy of your Valid ID and credit card