



ORDER FORM

SOLD TO:

DOS Cust. # _____
 P.O. Number _____
 Company Name _____
 Buyer's Name/Title _____
 Street Address _____
 City/State/Zip _____
 Phone _____ Ext. _____
 Email _____
 Fax _____

SHIP TO: (If different than "Sold To")

Company Name _____
 Contact/Title _____
 Street Address _____
 City/State/Zip _____

ORDER INFORMATION:

QTY	PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL	
TAX	
FREIGHT	
DISCOUNT	
BAL. DUE	

METHOD OF PAYMENT:

Visa
 MasterCard
 Discover
 AmEx

Check Enclosed

Card # _____ Exp. Date _____
 CVV/CVC (3 digit code) _____ AmEX (4 digit code) _____
 Signature _____

MAIL TO:
 Discount Office Source
 C/O: Sales Department
 P.O. Box 6481
 Moore, OK 73160

Toll Free: 1-800-615-9288
 International: 1-405-912-1703
 Fax: 405-912-1900

All orders subject to approval of our sales department. All prices subject to change without notice.
 Orders accepted subject to prices prevailing at time of shipment and to our ability to fill them. We are not obligated to make delivery on any specified date and assume no liability for damage due to delay or inability to fill orders.

THANK YOU!