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Current Customer: Yes No				Order Date:			
Bill To: Company Name: Contact Person: Street Address: City, State, Zip: Phone: Fax: E-mail:			Ship To: Company Name: Contact Person: Street Address: City, State, Zip: Phone: Fax: E-mail:				
Ship Date:	Qty	Item Code	D	Residential: escription		'es Price	No Extended Price
Purchase order #							
Resale No.							
Back Orders:							
Yes No							
Thank you for							
your							
Order							
Card Type	Card #	<u>+</u>		Exp	/	Verification	on #
By signing this form, I he this order form is true, of for the goods plus incur shipping date for prepa Global. reserves the right finance charge of 1% per	ereby acknown correct and correct shipping y orders. In the to sue wire month in the	wledge that I have reacomplete. I authorize g charges. I understaunderstand that in the thin the Jurisdiction one event the account	Name as ad and agree to the CoTa Global. to cha nd that if paying b ne case of a disput of the Los Angeles becomes past due,	"CoTa Global Sales Policy" an irge my account for this order y credit card, the card will onled charge I will be responsible. County Court of Law in Califo as well as all fees and collection.	d Terms. I placed by ly be char e for all th rnia. For b	declare that al me or any oth ged for the ite ne fees and co	Il the information in er authorized buyer ms shipped, on the llection costs. CoTa
Authorized Signature:				Date:			