



POWER & COMMUNICATION DISTRIBUTION SYSTEMS
888-237-9134 www.eventhorizonpvdc.com

Date: _____
Phone# _____
Fax# _____
E-mail _____
P.O.# _____
Job: _____

Sold To: Customer _____

Check Here if Residential Delivery (this includes Home Offices)

Street _____

City _____ State _____ Zip _____

Contact Name _____

Phone _____

Ship To: If different than above, Street Address Only, **NOT** a P.O. Box (unless shipping Priority Mail)

Name _____

Street _____

City _____ State _____ Zip _____

Contact Name _____

Phone _____

Preferred Shipping Method

- Ground**
- 3 Day**
- 2 Day**
- Next Day Air**
 - Standard**
 - AM Delivery**
- Priority Mail**

Order:

Quantity	Model Number	Description	Finish	Unit Price	Total
*Merchandise Total					

- Payment:** Established Account
 PrePay - Check Enclosed (*Call for total including shipping charges)
 ATM
 Credit Card: Visa MasterCard American Express

For ALL credit card orders, COMPLETE ALL SECTIONS OF FORM BELOW

Exact Name(s) on card _____

Exact Billing Address for Card (This is where your credit card bill is mailed to)

Street _____

City _____ State _____ Zip _____

Card Number _____

Expiration Date _____

Signature _____

EZ Order Form

Complete and Fax To: 858-673-5144

Thank You for Your Order!