

# EZAutomation Order Form

To the Attention of EZAutomation  
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 Germany

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 Fax: +49 (0) 2161 4644719

Customer Number: \_\_\_\_\_ Date: \_\_\_\_\_

## Billing Address

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Shipping Address (if different)

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Item	Qty	Part Number	Description	Unit Price	Total Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

Shipping and Payment Method (required)

UPS Standard  UPS Express

Payment Method: \_\_\_\_\_ Terms: in Advance/Cash on Delivery

Purchase Order PO # \_\_\_\_\_

Master Card  Visa  American Express

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

<b>Subtotal</b>		
<b>Total</b>		

\*Shipping and handling charges will be included on invoice.

*Thank you for  
your order.*

EZAutomation standard Terms  
and Conditions apply.