

## Order Form

Date:

	Sales O						
Customer	:						
			P.O. No.	Terr	ns	Rep	Ship Date
	Ι	ı					
Qty	Item		Description			Price Each	Amount
authorize NVU Electronics Inc. to process the above order, and bill my credit card, per attached authorization form.					Subtotal		
Name:					Sales Tax		
Signature:					Total		