

# SEL PRODUCT ORDER FORM

## FAX TO: +91-80-3608346

**DATE:**

Company Name:	Contact Name and EMAIL ADDRESS:
Billing Address:	Shipping Name & Address:
Billing Phone & Fax numbers:	Shipping Phone & Fax numbers:
Payment Method: <input type="checkbox"/> VISA_ Credit Card (MC or VISA)  <input type="checkbox"/> Bank transfer – proforma invoice will be provided – administration charges apply	Credit Card information:  Card # _____  Expiration: __ ____  Name on card:
Please Ship : (select <u>one</u> of the following options)  <input type="checkbox"/> Through DHL or FEDEX (add S&H: _____ ) <input type="checkbox"/> Using your DHL / FEDEX A/c Number : _____	

Item	Part#	Description	Qty	Price	Extended
Sub Total:					
Shipping & Handling:					
Grand Total:					

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

Notes: