

MAIL/FAX ORDER FORM

#T083



**701 Brooks Ave. South
PO Box 677
Thief River Falls, MN 56701-0677**

To:		From:	
Co.: <i>Digi-Key Corporation</i>		Co.:	
Dept.: <i>Order Department</i>		Phone No:	
Fax No: <i>218-681-3380</i>		Fax No:	

(Please Check One)

Payment Method: Credit Card COD Check or MO Open Acct.

Card Number: - - -

MC VISA AmEx Discover

Expiration Date Security Code (See back of card.)

Credit Card Holder's Name (Please Print Clearly) _____ Mo. _____ Yr. _____

Personal Order Company Order (Please Check One)

Ship to:

Customer Number _____
 Customer Name _____
 Company Name _____ Phone () _____
 Shipping Address _____ Apartment/Suite _____
 City _____ State _____ Zip _____

Bill to:

P.O. No. _____ Account No. _____
 Company Name _____ Phone () _____
 Billing Address _____ Apartment/Suite _____
 City _____ State _____ Zip _____

Quantity	Digi-Key Part No.	Description (brief)	Price/Unit	Total Price
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Ship Via: _____

Are substitutions acceptable?
 Yes No

Are backorders acceptable?
 Yes No

Backordered for a period of _____ days.

Backorder shipping method: _____

Confirmation required?
 Yes No

Confirm VIA: Phone FAX

SHIPPING INFORMATION

We pay all shipping (our choice of method) and insurance to addresses in the USA and Canada when check or money order accompanies order. See "Ordering Information/Shipping Charges" for details on heavy/oversize items.

1. Total of all items \$ _____

2. Sub Total \$ _____

3. Please remit any applicable taxes \$ _____

4. Total enclosed \$ _____
 (Total of all lines) (US Dollars)