

Order form, please print and submit with payment

Date _____

COMPUMATIC TIME RECORDERS, INC.
1518 BELLMORE AVE
NORTH BELLMORE, NY 11710

800-925-4506
516-486-3538
FAX: 516-781-0990

Last Name: _____

First Name: _____

Phone Number: (____) - ____ - ____ ext (____)

Fax Number: (____) - ____ - ____

E-Mail: _____

Billing Address: _____

Shipping Address: (use company name if applicable, indicate if SAME as billing address)

qty	Item	Unit \$
Subtotal \$		
Shipping Charge \$		
Order Total \$		

CHECK OR MONEY ORDER ACCEPTED
PLEASE MAKE FUNDS PAYABLE TO COMPUMATIC TIME RECORDERS, INC.

IF USING A CREDIT CARD:
TYPE (circle one) VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

CARD NUMBER _____ EXP DATE _____ CCV _____

Please make sure the billing address above matches the credit card billing address

SIGNATURE _____

COMMENTS or SPECIAL INSTRUCTIONS:
