

# Order Form

**BILL TO:** *(Please print or type)*

**SHIP TO:** *(Please print or type if different)*

Name _____	Name _____
Company _____	Company _____
Address _____	Address _____
City _____	City _____
Prov _____ PC _____	Prov _____ PC _____
Phone _____	Phone _____

QUANTITY	ITEM NO. & DESCRIPTION	UNIT PRICE	TOTAL

**TO ORDER: PLEASE FAX TO (905) 828-4949 OR  
EMAIL TO: [klipsch@microncanada.ca](mailto:klipsch@microncanada.ca)**

**METHOD OF PAYMENT *(Check one)***

Money order (payable to Micron Electronics Inc)

**Please contact our parts department for total amount before sending money order**

VISA     MC

Account No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Date of Order \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_