



Order Form

Phone: 1-877-640-4152

Billing Address:

Company Name: _____

Attention: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: () _____

Fax Number: () _____

Email Address: _____

Shipping Address: (if different from billing address)

Company Name: _____

Attention: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: () _____

Fax Number: () _____

Email Address: _____

P.O. / Ref. No. _____

Part Number	Description	Quantity	Unit Price	Total

Purchaser's Name: (Please Print) _____

Signature of Authorized Purchaser: _____

Method of Payment: _____

Cardholders Name: _____

Phone Number: () _____

Please charge my: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Credit Card Type: ☐ Company ☐ Personal

Acct No. _____ **Exp.** ____/____

CV Code. _____

Signature of Cardholder: _____

Subtotal	
Tax (NY & NJ only)	
Total (excluding shipping charges)	

Required Shipping*

☐ **Next Business Day**

☐ **2nd Business Day**

☐ **Within 1 week**

☐ **Within 2 weeks**

*** Shipping Charges will be
added and advised.**

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