

## Fax Order Form

Fax: 1-501-421-5085

Billing Address:		Shipping Address: (if different from billing address)			
Company Name:	Co	ompany Name:			
Attention:	At	tention:			
Address:	Ac	ldress:			
City:	Ci	ty:			
State:	St	ate:			
Zip:	Zi <sub> </sub>	o:			
Phone Number: (	) Pi	one Number:	(	)	
Fax Number: (	) Fa	x Number:	(	)	
Email Address:	Er	nail Address:			
P.O. / Ref. No		_			
Part Number	Description	Qu	antity	Unit Price	Total
HHP-6100-TD	TicketDerby 2010 Batch Bard Scanner Kit	ode		\$1,205.00	
SVC6100-SMS3	3 Year Hardware Service Agr Batch Kit	eement –		\$290.00	
INT-CN50-TD	TicketDerby 2010 Wireless Barcode Scanner Kit		\$2,109.00		
CN50-BRZDC3	3 Year Hardware Service Agreement – Wireless Kit		\$318.00		
21040108	TicketDerby 2010 Box Office Credit Card Reader		\$56.00		
Purchaser's Name: (Please Print)				Subtotal	
Signature of Authorized Purchaser:			Tax (NY & NJ only)		
Method of Payment:				Total (excluding shipping charges)	
Cardholders Name:				Required Shipping*	
Phone Number: ( )			☐ Next Business Day		
Please charge my: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover				2nd Bus	siness Day
Credit Card Type: ☐Company ☐Personal				Within	1 week
Acct No.	Exp/			☐ Within 2 weeks * Shipping Charges will be	
Signature of Cardholder:				* Shipping Charg added and advis	

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www.ptshome.com Contact Sales at: 1-877-640-4152