Print form and mail or fax to:
Solutions ID
P.O. Box 23307
San Jose, CA 95153-3307
Fax: 1-408-288-5354

Customer Order Form

Bill To:

Name		
Organization		
Address		
City	State	Zip
Daytime Phone		
Email		

Ship To: (if different than billing)

Name		
Organization		
Address		
City	State	Zip
Daytime Phone		
Email		

Above information **MUST** match the address you receive on your bank statement when using a credit card.

Enter Your Items: (reprint this form for additonal items)

Item Number	Product Name / Description	Qty.	Unit Price	Total Price
			Merchandise Total	
	Shipping Method: (circle one) - 1Day 2Day 3Day Ground			**TBD**
			Sales Tax (California Residents Only)	
			Total Amount (excluding shipping)	

Payment Information: (select one)

	Check or Money Order (payable to "SolutionsID") – allow 7-10 days for personal checks to clear
	Credit Card (fill in information below)

Card Type: (circle one) - American Express Mastercard Visa Discover

Card #: Exp. Date: (mm/yy) CVV2:

Issuing bank's 800 number on back of card:

I agree to pay the above total amount according to card issues agreement. Before signing, please read the Return Policy found here:
http://www.solutionsid.com/returns.html

Signature:_____ Date:_____

Comments:

Thank you for shopping at SolutionsID.com!