AUTOMATED BUSINESS MACHINES, INC.



6073 NW 167th Street, Suite C-24 Miami, Florida 33015-4347



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QUOTATION/ORDER FORM mail, fax or email										
(good for 30 days)										
CUSTOMER BILLING INFORMATION SHIP TO ADDRESS (same unless noted below)										
CUST#	^If you need to make changes to your main billing account. CONTACT PERSON QU		-			PHONE #		FAX #		
U/M	ITEM ID	ITEM DES	SCRIPTION (part #, c	ON (part #, color, size, etc.)			QTY	UNIT PRICE	AMOUNT	
								: !	\$ -	
								 	\$ -	
<u>_</u>		İ							\$ -	
						 		 	\$ -	
								i ! !	\$ -	
* All prices quoted are F.O.B. shipping point (prepay and add)							SL	SUB-TOTAL \$ -		
** Applicable sales tax will apply on orders shipped to Florida locations ** Applicable sales tax will apply on orders shipped to Florida locations ** Applicable sales tax will apply on orders shipped to Florida locations									only:	
"UPS-Ground-Regular" (if changed below, additional charges will apply) * SHIPPING/HANDLING										
<i>UPS</i> Fed Ex DHLOther **								ES TAX-(FL only)	\$ -	
GROUND Next Day 2nd Day 3rd Day Int'l (PREPAY) TOTAL a.m p.m.									\$ -	
PAYMENT OPTIONS (please choose 1 option below and send back to above) if paying with credit card, please choose 1 type & 1 brand TYPE Personal Credit Card Corp/Bsns/Gov't Card Debit Card (Visa/MC logo) Foreign Credit Card										
BRAND MASSECARD MASSECARD GOOD THRU THRU NAME ON CARD										
Ship C.O.D. (U.S. desitinations only) (\$10.50 will be added to the "TOTAL" charges above) BILLING ADDRESS & ZIP CODE OF CREDIT CARD STATEMENT										
Sending prepaid check #										
CARD HOLDER'S SIGNATURE DA								DATE	NO RETURNS	
Fax	back confirmation			I agree to pay above total amount according to card issuer agreement. OR REFUNDS						