

Credit Card Order Form

Customer Reference (if applicable) DragonWave Quote #
CUSTOMER NAME: CUSTOMER NUMBER: STREET ADDRESS: COUNTRY POSTAL CODE/ZIP CODE PHONE NUMBER: EIN # Credit Card Information: CUSTOMER NAME: CUSTOMER NAME: EXPIRY DATE: STREET ADDRESS: COUNTRY POSTAL CODE/ZIP CODE Item(s) to be shipped: QUANTITY PART NUMBER UNIT PRICE CURR TOTAL AMOUNT (PLEASE ATTACH CERTIFICATE IF APPLICABLE) TOTAL TAX AMOUNT (PLEASE ATTACH CERTIFICATE IF APPLICABLE) TOTAL
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SHIPPING INFORMATION:
Shipping Information:
SHIPPING CONTACT NAME:
CONTACT NUMBER:
SHIPPING ADDRESS:
COUNTRY
POSTAL CODE/ZIP CODE
SHIPPING INSTRUCTIONS: (PLEASE PROVIDE YOUR FREIGHT COMPANY CONTACT)
Signature:
Title: Date: