



ORDER FORM

Estoban Corporation Chim-Scan®

Providing Remote Vision since 1984

DATE:

QUOTE #

INVOICE#:

1643 Hwy 34 W., Fairfield, IA 52556-8618
Phone 641-472-7643 Fax 678-202-1332
info@chimscan.net

Serial Number:

Salesperson:

Name:

SHIP If different:
TO

Company Name:

Billing Address:

Office Phone:

Cell phone:

SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL

Payment Details:

Check #: _____ Make check payable to : Estoban Corporation

Credit Card: \$ amount to charge: \$ _____

Name on Card: _____

CC#: _____ - _____ - _____

Expiration Date: _____ 3 or 4 digit security code on back of card: _____

Zip code of credit card billing address: _____

Signature gives Estoban Corporation authorization to charge the above credit card for equipment and shipping charges.

SUBTOTAL

SALES TAX

SHIPPING TO
BE
DETERMINED

TOTAL

Signature of Card Holder

Fill out order form and fax back the signed copy. If you wish to call with your credit card number, that would be fine. Thank you for your business!!