



# 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!!**