PREMIUM CARTRIDGE PURCHASE ORDER FORM

Customer P.O.#:_____ Date: _____

Bill To: _____ Ship To: _____

Address: _____ Address: _____

_____ _____

City, St., Zip _____ City, St., Zip _____

Phone: _____ Email: _____

QTY	CBT PART NO.	DESCRIPTION	PRICE EACH	TOTAL

Total

I Wish to Have Labrador installed (free of charge) to monitor our printers. YES ☐ NO ☐

Credit Card # _____ Expiration Date_____

Name on Card _____

Signature_____ Date _____

ALL INFORMATION MUST BE COMPLETE, INCLUDING YOUR CREDIT CARD NUMBER, IN ORDER TO PROCESS YOUR ORDER.

FAX TO: (717) 564-7012 or Fill Out Form and CALL: (717) 564-7011

Commonwealth Business Technologies, Inc., 6330 Flank Drive, Harrisburg, PA 17112