



Rives Audio, Inc  
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# ORDER FORM

Date \_\_\_\_\_  
 PO # \_\_\_\_\_

SOLD TO	SHIP TO
Name	Name
Company	Company
Address 1	Address 1
Address 2	Address 2
City	City
State	State
Zip	Zip
Country	Country
e-mail	e-mail
telephone	telephone
fax	fax

MODEL	DESCRIPTION	QTY	PRICE PER	TOTAL

PRODUCT SUBTOTAL	
SHIPPING & HANDLING	
TOTAL	

*Please charge my credit card:*

CC Type \_\_\_\_\_  
 Number \_\_\_\_\_  
 Expiration \_\_\_\_\_  
 CVV# \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Zip \_\_\_\_\_

Signature \_\_\_\_\_

**Terms:**

Pre-pay by Credit Card  
 Net 30 for approved  
 dealers

**FAX THIS FORM TO  
 888-557-6459**