



Pacific Northwest X-Ray, Inc.

PO Box 625 * Gresham, OR 97030

Phone: 503-667-3000 / 800-827-9729 / Fax: 503-465-8550 or 503-666-8855

E-mail: SalesD@pnwx.com

'DELIVERY' ADDRESS: Is this a residence (rather than business?) Yes ☐ No ☐

Phone # @ delivery address: _____

If a business address & you close prior to 5pm, state closing time: _____

Company Name, Contact Name and Complete Delivery Address Details:

ATTN: _____

Note your E-Mail Address (used only for confirmation of order & returning paid invoice to you)

Email: _____

Date of Order: _____

'Bill To' Address. Required on Credit Card Orders.

☐ Check here if Bill to address and Ship to address are the same.

ATTN: _____

Qty.	Stock/Part #:	Customization? SIZE? Color?	Product Description	Unit Price	Total

Product Total: _____

➔ ➔ **Be advised:** in the event of possible technology failure, you may want to call or email us to verify that we did indeed receive your order, particularly if this order is **urgent:** SalesD@PNWX.COM or 800-827-9729.

****All credit card payments will be charged a .04% transaction fee***

****Freight charges** apply on most orders but vary by product weight & size. If you are paying by check, money order or ACH ~ or your department requires this amount prior to ordering, please contact us so that we may advise you of those charges as they will be included in your payment total: (800)-827-9729

Credit Card #: _____ Exp. Date: _____

Security Code: _____ Name on front of card: _____

* Daytime Phone Number: _____

* Required in the event there is a problem with your credit card transaction. **We won't use this information for any other purpose other than to contact you about this order.**

Signature of Card Owner: _____

Product Total From Above:	
***Freight Charges if known: ** (see left):	
Credit Card Fee 0.04% of total (if known:)	
TOTAL ON CARD: (if known:) No Sales Tax	