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ORDER FORM

NAME OF THE BUYER _____

BILLING ADDRESS _____

CITY, STATE, COUNTRY, ZIP CODE _____

SHIPPING ADDRESS (if different) _____

CITY, STATE, COUNTRY, ZIP CODE _____

MEDIABOX OPTIONS

QUANTITY _____

MediaBox AS-2600 MediaBox VS-2601

SHIPPING PREFERENCE

UPS Next Day Air UPS Second Day Air UPS 3 Day Select UPS Ground

PAYMENT INFORMATION

CREDIT CARD TYPE: VISA AMERICAN EXPRESS MASTERCARD

NAME (AS PRINTED ON CARD): _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

OTHER TERMS :

1. BUYER PAYS ACTUAL SHIPPING CHARGES.

I AUTHORIZE THIS TRANSACTION (PRINT NAME) _____ DATE _____

(AUTHORIZED SIGNATURE & TITLE)

FOR OFFICE USE ONLY:

Account number _____

Date delivered _____

QC code _____ Sale code _____