

AUTOMATED BUSINESS MACHINES, INC.



6073 NW 167th Street, Suite C-24
 Miami, Florida 33015-4347
 Phone: (305) 620-0020 Fax: (305) 620-2201
 sales@abmmiami.com



QUOTATION/ORDER FORM mail, fax or email

(good for 30 days)

CUSTOMER BILLING INFORMATION	SHIP TO ADDRESS (same unless noted below)

[^-----If you need to make changes to your main billing account, click here -----^](#)

CUST #	CONTACT PERSON	QUOTATION/ORDER #	PHONE #	FAX #

U/M	ITEM ID	ITEM DESCRIPTION (part #, color, size, etc.)	TAX	QTY	UNIT PRICE	AMOUNT
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

* All prices quoted are F.O.B. shipping point (prepay and add)
 ** Applicable sales tax will apply on orders shipped to Florida locations

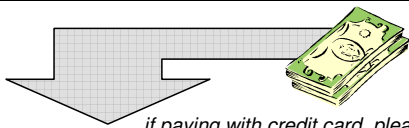
"UPS-Ground-Regular" (if changed below, additional charges will apply)

UPS Fed Ex DHL Other _____
 GROUND Next Day 2nd Day 3rd Day Int'l
 REGULAR a.m. p.m.

SUB-TOTAL		\$ -
A.B.M. use only:		
* SHIPPING/HANDLING		
** % SALES TAX-(FL only)		\$ -
(PREPAY) TOTAL		\$ -

PAYMENT OPTIONS

(please choose 1 option below and send back to above)



if paying with credit card, please choose 1 type & 1 brand

TYPE

Personal Credit Card Corp/Bsns/Gov't Card
 Debit Card (Visa/MC logo) Foreign Credit Card

BRAND

Security Code _____

Location _____

Visa or MC **AMEX**

3 digits

4 digits

(credit card number) CID # _____

NAME ON CARD

BILLING ADDRESS & ZIP CODE OF CREDIT CARD STATEMENT

CARD HOLDER'S SIGNATURE DATE **NO RETURNS**

I agree to pay above total amount according to card issuer agreement. **OR REFUNDS**

Ship C.O.D. (U.S. desitinations only)
 (\$10.50 will be added to the "TOTAL" charges above)

Sending prepaid check # _____

Fax back confirmation