SALES ORDER

DATE:_____

Bill To:

NAME
ADDRESS
CITY / STATE / ZIP
PHONE NUMBER
EMAIL

Ship To:

NAME
ADDRESS
CITY / STATE / ZIP
PHONE NUMBER

Quantity	Item	Description	Price	Total

Payment Type: Cash | Check | Visa | Mastercard | Discover | Amex: _____

Name on Check / Card: _____

Check / Card Number:_____ Exp Date: _____

Subtotal	
Shipping	
Tax (6% Florida Only)	
Total	

I hereby authorize you to charge my credit card as payment for the above described merchandise:

X Signature: _____ Date: _____

INTERNAL USE ONLY

☐ DIRECT AUTORIZATION - DATE ENTERED :_____

☐ ENTERED BSI WEBSTIE - DATE ENTERED :_____

☐ ORDER NUMBER: _____

☐ SHIPPED UPS:_____

BATTERYSAVERS.com
8125 Monetary Dr. Ste H2
Riviera Beach , FL 33404
Phone: 561.848-2599
Fax: 561-277-2530