



3190 Shelby Street Bld. D
Ontario, CA 91764

Order Form

Sales: (800) 985-2174

Fax: (909) 920-9650

Broker/Dealer Information:

BROKER NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ E-MAIL: _____

Registered Rep Information:

REP NAME: _____
COMPANY NAME: _____
OFFICE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
EMAIL: _____

Shipping Address (if different than above):

CONTACT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

Credit Card Information (MC, Visa & AE only):

TYPE OF CARD:   

NAME ON CARD: _____
CARD #: _____ EXP. DATE: _____

Same as Rep Info Same as Shipping Info

BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

How did you hear about us:

TOTAL:

Retail Price: \$399.00 - Annual Renewal \$199.00
Prices valid through 12/31/2008

Quantity _____
Total Amount \$ _____

Licensed per INDIVIDUAL REP.



Phone Orders:
800-985-2174



Website Orders:
www.laserapp.com



FAX Orders:
909-920-9650