

USA Purchase Order Form

Purchase Order # _____

Billing Address

Company _____ Date _____
 Contact _____ Rep _____
 Address 1 _____
 City / State / Zip _____
 Phone _____ Fax _____
 E-mail _____
 Other _____

Shipping Address

Company _____
 Contact _____
 Address 1 _____
 Address 2 _____
 City / State / Zip _____
 Phone _____ Fax _____
 E-mail _____

Shipping

Ground _____
 Second Day _____
 Next Day _____

Quantity	Product Number	UPC Code	Product Name	Unit Price	Total
	NLT-BOX	870681000077	BOXelite, 10,000 LUX Bright Light Therapy System		
	NLT-TRAV	870681000022	TRAVelite, 10,000 LUX Bright Light Therapy System		
	NLT -FBL	183415000008	Feel Bright Light Visor		
	NLT-SAD	870681000015	SADelite, 10,000 LUX Bright Light Therapy System		
	NLT-FLA	870681000039	FLAMINGO, 10,000 LUX Bright Light Therapy System		
	NLT-SHO	N/A	The SHOWOFF, Group Light Therapy System		
	NLT-SRC	666142886300	SunRise Clock, Dawn Simulator		
	FT36-835	N/A	Replacement Bulbs for SADelite; BOXelite (Pkg of 2)		
	FT24-835	N/A	Replacement Bulb for TRAVelite; FLAMINGO (Pkg of 2)		

Payment

_____ Check _____ Credit Card
 Credit Card Type _____
 Name on Card _____
 Credit Card # _____ 3 Digit Code _____
 Expiration Date _____ Billing Zip Code _____

SubTotal _____
 Shipping _____
 Tax Rate _____
TOTAL _____

I accept the above with the attached terms & conditions _____

Customer Signature