

DATE	AUTHORIZED BY	PHONE NO. (Including Extension)	TRANS CODE	COMPANY	DEPT ID / LOC NO. (GL Center)
		415-565-2676	<input checked="" type="checkbox"/> Issue <input type="checkbox"/> Credit	0200	045 2 999



Order/Invoice

Traffic Safety
California State Automobile Association

DO NOT FILL IN GRAY AREAS FOR OFFICE USE ONLY

DIST. CTR. USE ONLY	SHIP / CREDIT DATE	<input type="checkbox"/> Collect	TOTAL NO. CTNS.
		<input type="checkbox"/> Prepay and Add	
	UPS / SHIPPING CHARGES	BILL OF LADING NO.	
	PROCESSED BY	CHECKED BY	
REQUISITION NO.			
ACCOUNT NO.		<input checked="" type="checkbox"/> Traffic Safety	

BILL TO:

SHIP TO:

PLEASE ALLOW 2-4 WEEKS FOR DELIVERY

CUSTOMER ORDER NO.

QUANTITY ORDERED	ITEM NO.	DESCRIPTION	QUANTITY SHIPPED	UNIT PRICE	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

REMARKS

- PLEASE COMPLETE IN NUMERICAL ORDER BY BROCHURE STOCK NUMBER
- PLEASE USE **ALL CAPITAL** LETTERS FOR ALL ORDERS
- IF PAYING BY CHECK, PLEASE PRINT OUT FORM AND MAIL-IN WITH PAYMENT
- YOU MAY FAX TO: 415-437-2938

	TAX
	SHIPPING
	TOTAL AMOUNT DUE