



**FAX OR E-MAIL THIS ORDER FORM TO:**

Attn: Robert Nolan  
 P.O. Box 3840, Glen Allen, VA 23058  
 sales@cir-inc.com  
 804-270-7017 fax

**PRODUCT ORDER FORM**

**BILLING ADDRESS:**

-----  
 Address

-----  
 Address

-----  
 City, State, Zip

(\_\_\_\_) -----  
 Phone

-----  
 E-mail

**SHIP TO: (IF DIFFERENT THAN BILLING):**

-----  
 Address

-----  
 Address

-----  
 City, State, Zip

(\_\_\_\_) -----  
 Phone

| QTY | ITEM # | TITLE | UNIT PRICE | TOTAL |
|-----|--------|-------|------------|-------|
|     |        |       |            |       |
|     |        |       |            |       |
|     |        |       |            |       |
|     |        |       |            |       |
|     |        |       |            |       |
|     |        |       |            |       |

**PAYMENT INFORMATION**

Purchase Order #: \_\_\_\_\_  
 Attach a copy of the purchase order with an authorized signature.

Credit Card:  
 Visa    MC    AmEx

Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

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|   |  |
|---|--|
| <b>SUBTOTAL</b>   |  |
| <b>SALES TAX<br/>(5%, VA ONLY)</b>  |  |
| <b>SHIPPING<br/>\$35 U.S.<br/>\$99 INTL<br/>(PRINT &amp; CD<br/>MEDIA ONLY)</b> |  |
| <b>TOTAL</b>  |  |

AUTHORIZED SIGNATURE

DATE