



# ORDER FORM

174 Nassau Street  
 Suite 256  
 Princeton, NJ 08542  
 Phone: 609.799.2299  
 Fax: 609.784.7889

**Please complete electronically**

Ship To: _____ _____ _____ _____ Attn: _____ Phone: _____	Bill To Address: _____ _____ _____ _____ AP Email: _____
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P.O. #	DATE	QUOTE # (IF APPLICABLE)

**SHIPPING COST (CIRCLE ONE):**  
 Add to invoice      My account      (Carrier      Account #      Billing zip      )  
 Pay by:      Credit Card      Check      Wire Transfer

PART NUMBER	QTY	DESCRIPTON	PRICE	TOTAL
<b>TOTAL:</b>				

**After submitting your order, you will be emailed an invoice and a secure payment link**

**Your order will be shipped once your credit card payment has been processed.**

*Shipping costs and applicable taxes to be added to the order unless special instructions are indicated.*

Submit to [orders@pendotech.com](mailto:orders@pendotech.com)

Product Warranty available at: [www.pendotech.com/warranty](http://www.pendotech.com/warranty) REV 6