

# SALES ORDER

PRECISE FLIGHT, INC,  
 63354 POWELL BUTTE RD, BEND, OREGON 97701 USA  
 PO BOX 7168  
 BEND, OREGON 97708 USA  
 Ph: 1-(541) 382-8684 Fax 1-(541)-388-1105

DATE: \_\_\_\_\_  
 INVOICE NO: \_\_\_\_\_  
 W.O. NO: \_\_\_\_\_  
 P.O. NO: \_\_\_\_\_  
 P.O. DATE: \_\_\_\_\_

BILL TO:	SHIP TO:
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COMPANY: _____ NAME: _____ ADDRESS: _____ _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____	COMPANY: _____ NAME: _____ ADDRESS: _____ _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____
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ACFT MFG: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ REGO: \_\_\_\_\_  
 SERIAL No \_\_\_\_\_ VOLTS: \_\_\_\_\_ DIODES: \_\_\_\_\_ RELAYS: \_\_\_\_\_  
 DRAWING NOS: \_\_\_\_\_ LAMP WATT: \_\_\_\_\_ LIGHT CONFIG: \_\_\_\_\_

**CIRCLE ONE:**

VISA                                      MC                                      AMEX                                      DISCOVER                                      C.O.D.  
 NO CHARGE                                      WARRANTY                                      CHEQUE NO. \_\_\_\_\_

NAME: \_\_\_\_\_ CARD NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_

QTY.	PART NUMBER	DESCRIPTION	LABOUR HRS.	EACH	TOTAL

SHIP DATE: _____ SHIPPED VIA: _____ SHIP/ACCT NO: _____	SUBTOTAL C.O.D. CHG. FREIGHT HANDLING SUBTOTAL DEPOSIT TOTAL
COMMENTS: _____ _____ _____ _____	