

# AUTOMATED BUSINESS MACHINES, INC.

6073 NW 167th Street, Suite C-24

Miami, Florida 33015-4347

Phone: (305) 620-0020 Fax: (305) 620-2201

sales@abmmiami.com



## QUOTATION/ORDER FORM mail, fax or email

(good for 30 days)

CUSTOMER BILLING INFORMATION	SHIP TO ADDRESS (same unless noted below)

CUST #	CONTACT PERSON	QUOTATION/ORDER #	PHONE #	FAX #

U/M	ITEM ID	ITEM DESCRIPTION (part #, color, size, etc.)	TAX	QTY	UNIT PRICE	AMOUNT
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

<p>* All prices quoted are F.O.B. shipping point (prepay and add)</p> <p>** Applicable sales tax will apply on orders shipped to Florida locations</p> <p><u>"UPS-Ground-Regular"</u> (if changed below, additional charges will apply)</p> <p><input type="checkbox"/> <b>UPS</b>   <input type="checkbox"/> Fed Ex   <input type="checkbox"/> DHL   <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> <b>GROUND</b>   <input type="checkbox"/> Next Day   <input type="checkbox"/> 2nd Day   <input type="checkbox"/> 3rd Day   <input type="checkbox"/> Int'l</p> <p><input type="checkbox"/> <b>REGULAR</b>   <input type="checkbox"/> a.m.   <input type="checkbox"/> p.m.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: #ffff00;"><b>SUB-TOTAL</b></td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td colspan="2" style="background-color: #ffff00;"><b>A.B.M. use only:</b></td> </tr> <tr> <td>* <b>SHIPPING/HANDLING</b></td> <td> </td> </tr> <tr> <td>** <b>% SALES TAX-(FL only)</b></td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td><b>(PREPAY) TOTAL</b></td> <td style="text-align: right;">\$ -</td> </tr> </table>	<b>SUB-TOTAL</b>	\$ -	<b>A.B.M. use only:</b>		* <b>SHIPPING/HANDLING</b>		** <b>% SALES TAX-(FL only)</b>	\$ -	<b>(PREPAY) TOTAL</b>	\$ -
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<b>(PREPAY) TOTAL</b>	\$ -										

please choose 1 type & 1 brand

### PAYMENT OPTIONS

( please choose 1 option below and send back to above )

Security Code Location

3 digits

4 digits

**TYPE**

Personal Credit Card    Corp/Bsns/Gov't Card

Debit Card (Visa/MC logo)    Foreign Credit Card

**BRAND**

(credit card number)   CID #

GOOD THRU

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS & ZIP CODE OF CREDIT CARD STATEMENT \_\_\_\_\_

CARD HOLDER'S SIGNATURE \_\_\_\_\_

*I agree to pay above total amount according to card issuer agreement.*

DATE \_\_\_\_\_

**NO RETURNS**

**OR REFUNDS**

Ship C.O.D. (U.S. desitinations only)  
(\$10.50 will be added to the "TOTAL" charges above)

Sending prepaid check # \_\_\_\_\_

Fax back confirmation