# Order Form

| Item# | Product name | Price (USD) | Qty | | | |
|-------|-------------|-------------|-----|---|---|---|
| | | | x | = | $ | |
| | | | x | = | $ | |
| | | | x | = | $ | |
| | | | x | = | $ | |
| | | | x | = | $ | |

| | |
|---|---|
| Sales Tax (CA only) | = $ |
| Shipping & Handling Fee | = $ |
| Total Amount | = $ |

-Prices are subject to change without notice
-Purchasers outside of California do not pay sales tax
**-ALL SALES FINAL-NO RETURNS-NO REFUNDS**

Restaurant Name: _____   Date: _____

Shipping Address: _____

City: _____   State: _____   Zip code: _____

Fax: _____   Phone: _____   Cell: _____

E-mail: _____ @ _____

☐ Mark here if billing information is the same as shipping information

Card Holder's Name: _____

Card Holder's Billing Address: _____

City: _____   State: _____   Zip code: _____

Fax: _____   Phone: _____   Cell: _____

Payment Options: Credit Card or Check
(Company and Personal Checks will require 3-6 weeks processing before product will be shipped)

Credit Card Information: Please check the box with your credit card type:   ☐ VISA   ☐ MASTER   ☐ AMEX

Credit Card Number:                                              Exp Date:          CVV:

**Print Name:** _____

**AUTHORIZING SIGNATURE:** _____

- Authorizing signature required for final processing REGARDLESS of payment method -
**\*ALL SALES FINAL, NO REFUNDS, NO RETURNS\***

## *CHECK MERCHANDISE FOR DAMAGE BEFORE SIGNING DELIVERY RECEIPT*
**\*\*J.C. uni-tec, Inc. is not responsible for any damage caused by shipping\*\***

The merchandise is FULLY INSURED. If merchandise is damaged upon arrival, YOU MUST FILE A CLAIM WITH THE DELIVERYPERSON. Failure to do so may result in a lost claim and no refund for damages

Comments:

# J.C. uni-tec, Inc.

www.jcunitec.com   sales@jcunitec.com

**1467 W. 178th St. Suite 301**
**Gardena, CA 90248**
**P: (310)323-5299   F: (310)323-1503**

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