



SALES ORDER

"An Independent Portrait"

Fax To: 412-391-7529

Contact Name: _____

Company/Organization: _____

Order Number: _____

Billing Address: _____ (Street Address 1)

_____ (Street Address 2)

_____ (City, State, Zip)

Shipping Address: _____ (Street Address 1)

_____ (Street Address 2)

_____ (City, State, Zip)

Credit Card Information:

Card Holder Name _____

Card Type _____ (VISA/MasterCard/AmEx)

Card Number _____

Expiration Date _____

Credit Card Code _____ (3 Digit Code)

Signature _____

Sale Amount-

Base Amount \$260.00 (Educational Institution Rate)

Shipping/Handling _____

Subtotal _____

Sales Tax (7%) _____

Order Total _____

Production Masters, Inc.
321 First Avenue
Pittsburgh, PA 15222
www: PMIdigital.com
TIN: 25-1496738