



**REQUEST FOR QUOTE
CONFIRMED ORDER**

NOTE: A CONFIRMED ORDER WILL BE PROCESSED ASAP.

Date: _____

SOLD TO ADDRESS	
Company	
Address	
City	State
Postal Code	Country

SHIP TO ADDRESS	
Company	
Address	
City	State
Postal Code	Country

Contact	Telephone	Fax
Email	PO Number	Payment Method

Quantity	Item	Description	w/Adh	custom cut

SHIPPING PREFERENCES				
Ship via	Shipping Payment	Account #	Service	Need by

CREDIT CARD INFO (YOU MAY SUBMIT THIS INFO VIA PHONE, FAX, OR EMAIL.)			
Card	Card #	Expiration Date	Name as it appears on the card

Signature Date

- NOTES:**
- * Please sign and date for confirmed orders.
 - * After completing the form, please fax to 704-893-2107.
 - * If you do not receive a response from Micro Lens Technology within 24 hours of submission, please re-submit or contact us via phone or email.