



DEALER PURCHASE ORDER FORM

PO NUMBER #

DATE

SHIP DATE

Issued To:

Xitron LLC
4880 Venture Drive, Suite 500
Ann Arbor, MI 48108
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Xitron Europe Contact

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INVOICE ADDRESS	SHIPPING ADDRESS (IF DIFFERENT)
<p>CONTACT NAME TELEPHONE EMAIL FAX VAT NUMBER</p>	<p>CONTACT NAME TELEPHONE EMAIL FAX</p>

PART NO	DESCRIPTION	QUANTITY	PRICE	TOTAL
<p>CURRENCY: <input type="checkbox"/> \$USD <input type="checkbox"/> €EURO <input type="checkbox"/> £GBP – MUST BE SAME AS ACCOUNT</p>				
			TOTAL	

SPECIAL INSTRUCTIONS:

<input type="checkbox"/> XITRON SHIPPING	TYPE	ACCOUNT	SERVICE
<input type="checkbox"/> CUSTOMER SHIPPING			
<input type="checkbox"/> SHIPPING INSURANCE			