Order Form

Date: _____

Company: _____

Contact Person: _____

Address: _____

_____

Phone: _____ Fax: _____

Email: _____

1040 Los Vallecitos Blvd. #107
San Marcos, CA 92069
310/497-4686 • fax: 760/295-5350
pangeaimports@cox.net

REP CODE/XX

Item #	Description	Qty	Price	Amount

Ship To: _____

_____

_____

_____

Shipping Instructions:

Total: $ _____

Terms of Payment

☐Check Ck#: _____ Bank: _____

☐Credit Card ☐Visa ☐MasterCard ☐AmEx

Credit Card Number: _____

CDC Code: _____ Exp. Date: _____

Signature: _____