Order Form

TI-BA Enterprises, Inc.

Bill To:

Company Name:	**Our Acct. #:**
Address:	
City/State/Zip:	
Phone Number:	Fax Number:
If You Have Questions About This Order, Call and Ask For:	

SHIP To:

Company Name:
Attention Of:
Purchase Order Number:
Address:
City/State/Zip:

Shipping is FOB Rochester, New York, unless specified otherwise.

Part Number	Qty.	Description	List Price	MY COST	Total

☐ Bill Me! (Terms: Net **30 Days)** ☐ Credit Card:
____Visa ____M/C _____AMEX
Card Number: _____ Exp. _____