



ASCEND ACOUSTICS, Inc. www.ascendacoustics.com
934 Calle Negocio Suite B, San Clemente, CA 92673 (949) 366-1455
Email: sales@ascendacoustics.com Fax: (310) 388-1500

Please complete this form and fax it to our 24 hour secure fax line at (310) 388-1500 or mail it to the address listed on the bottom.

Today's Date: _____

First Name: _____

Last Name: _____

Email: _____

Phone No: _____

FAX ORDER FORM

Product Model Number: _____ Qty: _____ Price: \$ _____
Description: _____
Product Model Number: _____ Qty: _____ Price: \$ _____
Description: _____
Sub Total: \$ _____
California residents please add 8.75% sales tax Tax: \$ _____
Shipping: \$ _____
Grand Total: \$ _____

Please select payment method: ___ MasterCard ___ Visa ___ Personal Check ___ Money Order

Credit Card Number: _____ expiration: _____

Name as it appears on card: _____

Billing Address: Street: _____ (of credit card)

City/State/Zip: _____

Shipping Address: Street: _____ (If different)

City/State/Zip: _____

If paying by check or money order, please mail payment with this form to: Ascend Acoustics, Inc. Attn: Sales 934 Calle Negocio Suite D San Clemente, CA 92673

I hereby authorize Ascend Acoustics, Inc. to debit the above grand total amount from my credit card for the purchase of the listed products.

Signature: X _____ Date: _____

For Ascend Use Only: Sales Order Number: _____ Invoice Number: _____ Check Number: _____ CC Authorization: _____