



Epic Vision, LLC.
17634 Mayerling St,
Granada Hills, CA, 91344

Sales Order Form

Customer PO #

Order Date (mm/dd/yy)

Email Sales Order To: sales@coolepicstuff.com or call us at (818) 896-0986

Bill To:	Ship To: <input type="checkbox"/> Use billing address for shipping
<input type="text"/> <i>Company Name</i>	<input type="text"/> <i>Company Name</i>
<input type="text"/> <i>Address</i>	<input type="text"/> <i>Address</i>
<input type="text"/> <i>City, State/Prov, Zip</i>	<input type="text"/> <i>City, State/Prov, Zip</i>
<input type="text"/> <i>Country</i>	<input type="text"/> <i>Country</i>
<input type="text"/> <i>Attn: Person</i>	<input type="text"/> <i>Attn: Person</i>
<input type="text"/> <i>Phone</i>	<input type="text"/> <i>Phone</i>

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date