				PURCH	IASE ORDER	
		orld Cla	ss I ia	rhtino		
	11 1					
14350 60th Street North - Clearwater, Florida 33760						
UK Office Phone #: 0800 781 7461 UK Office Fax #: 0870 762 6414						
E-mail: uksales@worldclasslighting.com						
Date:		_				
	Shipping Address:	-	Billing Address:	(If Different From Shippir	ng Address)	
Contact Name:			Dining Address.		ig nuuressy	
Company Name:						
Street Address						
City, ST, ZIP:						
Country:						
Daytime Phone #:			ell #:			
E-mail Address:			ax #:			
QUANTITY	MODEL#	DESCRI	PTION	UNIT PRICE	LINE TOTAL	
				SUBTOTAL		
Payment Met	hod:			SHIPPING COST	*Please read below *	
WSA	MasterCard	ISCOVER	Deposit Re	quired: 50% of Subtotal		
VIJA		NOVUS		Balance Due:	50% +Shipping	
Credit Card #:			Balar	nce will be due the d	ay the order is shipped	
Experation Date:		Security code:				
.	-	(Last 3 digits on back of ca	rd)			
Check:						
Wire Transfer:			Authorized by:			
	When you place your order, we require a 50% deposit. The additional 50% plus the shipping cost will be due the day the order is shipped.					
	The shipping cost and delivery time will be stated on your order confirmation that will be e-mailed or faxed to you by the next business day from when the order is received					