



Cleanbox Technology

BILL TO

ATTN: Name / Dept

Company Name

ADDY1

ADDY 2

PHONE

Email Address

SHIP TO

ATTN: Name / Dept

Company Name

ADDY 1

ADDY 2

PHONE

DATE

Cleanbox Model	Quantity	Delivery Date	<div>Chassis Options</div> <div><input type="checkbox"/> Acrylic<input type="checkbox"/> Aluminum<input type="checkbox"/> Wall Mount</div>	<div>Front Pane Options</div> <div><input type="checkbox"/> Clear Acrylic<input type="checkbox"/> UV Glass<input type="checkbox"/> Solid Acrylic</div>	<div>Air Compressor</div> <div><input type="checkbox"/> Use Existing<input type="checkbox"/> System Needed</div>

Mobile	Shipping Case	Purchase Method	Venue (fill-in)	Region (fill-in)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Service Contract <input type="checkbox"/> Buy-Out		

Cleanbox Model	Quantity	Delivery Date	<div>Chassis Options</div> <div><input type="checkbox"/> Acrylic<input type="checkbox"/> Aluminum<input type="checkbox"/> Wall Mount</div>	<div>Front Pane Options</div> <div><input type="checkbox"/> Clear Acrylic<input type="checkbox"/> UV Glass<input type="checkbox"/> Solid Acrylic</div>	<div>Air Compressor</div> <div><input type="checkbox"/> Use Existing<input type="checkbox"/> System Needed</div>

Mobile	Shipping Case	Purchase Method	Venue (fill-in)	Region (fill-in)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Service Contract <input type="checkbox"/> Buy-Out		

Options Total	Individual Model Cost	Invoice Amount	Monthly Fee

Notes:

PURCHASE ORDER