



MOBILE VIDEO DEVICES, INC
 156 Madison Ave
 Reading, PA 19605
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sales@mobilevideodevices.com

PREPAYMENT ORDER FORM

Order Date: **PO #:** **MVD Account Manager:**

RESELLER INFORMATION		
Company Name:		Submitter Name:
Submitter Email:		Invoice Email:
Billing Address:		
City:	State:	Zip Code:
SHIPPING INFORMATION		
Company Name:		
Attn to Name (If Applicable):		
Phone:		Email:
Shipping Address:		
City:	State:	Zip Code:
Carrier:	Service:	Shipping Charge:
(If Bill Account) Carrier Account Billing Number:		

PRODUCT REQUESTED				
ITEM	MODEL NAME / PART #	QTY	UNIT PRICE	EXTENDED
1				
2				
3				
4				
5				
6				
		TOTAL ITEMS REQUESTED:	TOTAL:	\$

ORDER NOTES:

ITEMS WILL NOT SHIP UNTIL PAYMENT IS PROCESSED VIA THE LINK PROVIDED THROUGH QUICKBOOKS. IF POSSIBLE, WHEN YOU RECEIVE THE LINK FOR PAYMENT, PLEASE CONSIDER USING BANK TRANSFER TO KEEP THE RATES AS LOW AS POSSIBLE.

IF NO SHIPPING CARRIER OR SERVICE IS SELECTED, BY DEFAULT SHIPPING IS VIA GROUND, PREPAID & ADDED TO YOUR INVOICE.

IF YOU HAVE QUESTIONS ABOUT THE INVOICE THAT YOU RECIEVE, PLEASE CONTACT YOUR ACCOUNT MANAGER.

SUBMIT FORM TO: SALES@MOBILEVIDEODEVICES.COM