



Equipment Order Form

Purchase Order

Requested By:

Date Needed:

EQUIPMENT - POS TERMINALS				Quantity	Price	Total Price
N5 AT&T LTE Black Kit (battery, power supply, charge only station & paper roll)						
N6 AT&T LTE Black Kit (battery, power supply, paper roll & SIM card)						
NX2200e Kit (battery, power supply & paper roll)		Communication: <input type="checkbox"/> GSM <input type="checkbox"/> Wi-Fi Only				
ACCESSORIES				Quantity	Price	Total Price
Li-Ion Battery	<input type="checkbox"/> N5	<input type="checkbox"/> N6	<input type="checkbox"/> NX2200e			
Power Supply	<input type="checkbox"/> N5	<input type="checkbox"/> N6	<input type="checkbox"/> NX2200e			
Wi-Fi Stick	<input type="checkbox"/> Dual Band (2.4/5 GHz)					
Docking Station	<input type="checkbox"/> N5 Charge Only	<input type="checkbox"/> N5 Hotspot				
N5 Accessories	<input type="checkbox"/> N5 Screen Protector					
	<input type="checkbox"/> N5 Silicone Sleeve					
	<input type="checkbox"/> N5 Holster					
N6 Accessories	<input type="checkbox"/> N6 Docking Station with Printer					
	<input type="checkbox"/> N6 Scanner Pro					
	<input type="checkbox"/> N6 Rugged Case					
Paper	<input type="checkbox"/> NX2200e/N5					
SIM card	<input type="checkbox"/> NX2200e	<input type="checkbox"/> N5/N6 LTE AT&T	<input type="checkbox"/> N5 LTE Verizon			

SHIPPING INFORMATION (Required)

Company Name:		Contact:		
Address:		City:	State:	Zip:
Telephone:		Email:		
Shipping Method: <input type="checkbox"/> Ground (Default) <input type="checkbox"/> 2 Day <input type="checkbox"/> Next Day <input type="checkbox"/> Saturday <input type="checkbox"/> Other (Note: No PO Boxes)				
Bill your own account for shipping charges:	Shipping Account #:	Carrier:	Special Instructions:	

BILL TO INFORMATION (Required)

Same as Shipping

Company:		Contact Name:		
Billing Address:		Purchase Order #:		
Billing City:		Billing State:	Billing Zip:	
Phone:		Email Address:		

CREDIT CARD OPTION

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover				
Card Number: - - -			Exp. Date: / /	CVV Code:
Cardholder Name: (as it appears on the card)				

INVOICE OPTION (Subject to credit approval. Contact Nexgo for an application and approval of credit terms.)

ACKNOWLEDGEMENT.

Credit Card Option: My signature below authorizes Nexgo, Inc. to use the credit card listed above for the purchase of goods and/or services as indicated on the sales order submitted. I certify that I am the legal cardholder for this credit card, and that I am authorized to enter into this billing agreement with Nexgo.

Invoice Option: My signature below confirms an agreement bound by the terms and conditions of the sale and in lieu of a purchase order.

Please fax the signed acknowledgement to 949.266.5658 (Attention: Orders). Orders will not be processed without a signature. For any questions, please contact your Nexgo Sales Manager.

Signature: X	Print Name:	Date:
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PLEASE CLICK **SUBMIT** OR RETURN ALL REQUIRED FORMS TO NEXGO VIA FAX OR EMAIL
 Fax: 949.266.5658 | Email: orders@nexgo.us | Toll Free: 866.392.8326 option 4