



LUMINOSITY
SUPPLY & SOLUTIONS

1831 E. 73RD AVE., UNIT A • DENVER COLORADO 80229 • 303-287-4332 • FAX 303-286-2577

Company Name: _____ Contact Name: _____

Billing Address: _____

City/State: _____ Zip-code _____ County _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

Deliver To: _____ Contact Name _____ Phone # _____

Delivery Address: _____

City/State: _____ Zip-code _____ County _____

Items to order:

+ shipping & tax if applicable

This item is **NON-CANCELLABLE** and **NON-RETURNABLE**, Your signature below, acknowledges that you understand these terms and conditions.

Signature _____

To pay with credit card complete the following **note a 3% fee of order total will be added to order

Credit Card Number _____
Visa or MasterCard or Amex

Expiration Date _____ **Security Code** _____

Name as printed on Card _____

Address of card holder including zip code

_____ Signed By _____

Date

Authorized Signature

Printed Name and Title