Order Form

Mail To: Auralex Acoustics, Inc.
8851 North Hague Road
Indianapolis IN 46256-1284
Or Fax To: (317) 842-2760
Questions?: Call (317) 842-2600

Auralex™ acoustics

Today's Date _____

Name _____ Co. Name _____
Shipping Address _____
City _____ State _____ Zip _____
Phone _____ Ext. _____ Fax _____
Billing Address (if different) _____
City _____ State _____ Zip _____
Have you received our catalog? ❑ Yes ❑ No Is this order to be drop shipped? ❑ Yes ❑ No
If yes, to whom? _____
(Give name, address, city, state, zip and phone number of drop shippee) _____
_____

* If ordering for a company & it is tax exempt, include a copy of the firm's tax certificate for our files.

QTY.	ITEM DESCRIPTION & SIZE	COLOR	PRICE EA.	EXT. PRICE
	See Price List For Exact Prices & Freight Charges			
			Sales Tax (IN. 5%)	
			Shipping	
			Grand Total	

PAYMENT INFORMATION

❑ Purchase Order (fax a copy; prior approval must be granted)
❑ Payment In Advance (personal & co. checks held for clearance)
❑ MasterCard ❑ Visa ❑ Discover ❑ American Express
Expir. Date On Card _____ Card # _____
Printed Name On Card (very important!) _____
Signature Of Order Placer (Even If Not Paying By Credit Card) _____

This order form constitutes a legal, binding agreement to purchase. All sales are final regardless of method of payment. Customer pays all collection fees & attorneys costs and in event of dispute, the courts of the State of Indiana shall have jurisdiction. By signing above customer agrees to all terms & conditions stated on this document, in the Auralex catalog & as discussed with representatives of Auralex. If purchasing for a group, signer vouches that authorization exists to make this purchase. Seller disclaims all liability associated with this sale. Buyer determines fitness for his or her intended usages.