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	FOR OFFICE USE
Job#	
File#	

To place an order, please print out a copy of this form, fill in all necessary areas, and fax/e-mail it to us.

TRANSMITTER						
Model:	Quantity:	Del	Delivery Date:			
Model:	Quantity:	Del	Delivery Date:			
Weight:	Life:	Att	Attachment:			
Special instructions:	<u>,</u>	<u> </u>				
ANIMAL						
Species:						
Weight/Neck Size - Male:			Female:			
Habitat:			Study Location:			
FREQUENCY						
Receiver Frequency Range(MHz):			Increments(kHz):	Model:		
Frequencies to avoid:						
SHIPPING ADDRESS			BILLING ADDRESS			
Name:		Name:				
Organization:		Organizat	on:			
Address: A						
Tel:		Tel:	Tel:			
E-mail:		E-mail:	E-mail:			
Purchase Order No. (if	applicable):	-				
FOR OFFICE USE						
\$ Serial #						