



ORDER FORM

PO: _____ Customer Service Rep. _____

Consumer

Dealer ID # **Clean Zone Technology, LLC**

Date: _____

BILL TO:

Name: _____

Mailing Address: _____

Phone: () _____

SHIP TO:

Shipper: _____

Shipping Address: _____

Phone: () _____

METHOD OF PAYMENT:

AMEX DISCVR MC VISA _____ Exp _____
 Check or Money Order _____

Phone: 719-684-7800 Fax: 719-684-9539 www.cleanzonetech.com donz@stratoclean.com

PRODUCT	BLACK	WHITE	SAND		PRICE EA.	S/H EA.	TOTAL
HEALTHMATE							
SIZE	SELECT FILTER						
STANDARD	CZ / SB / HEGA						
STANDARD	CZ / SB / HEGA						
STANDARD	CZ / SB / HEGA						
ALLERGY MACHINE	HEGA SILVER BODY						
JUNIOR	CZ / SB / HEGA						
JUNIOR	CZ / SB / HEGA						
JUNIOR	CZ / SB / HEGA						
					PRICE EA.	S/H EA.	TOTAL
REPLACEMENT FILTERS	BLACK	WHITE					
STANDARD	CZ / SB / HEGA						
STANDARD	CZ / SB / HEGA						
STANDARD	CZ / SB / HEGA						
JUNIOR	CZ / SB / HEGA						
JUNIOR	CZ / SB / HEGA						
JUNIOR	CZ / SB / HEGA						
SIZE	SELECT FILTER						
BABY'S BREATH	PINK	BLUE			PRICE EA.	S/H EA.	TOTAL
JUNIOR	HEGA						
INDIVIDUAL PRE-FILTERS	BLACK	WHITE			PRICE EA.	S/H EA.	TOTAL
STANDARD							
JUNIOR							

SPECIAL INSTRUCTIONS

OFFICE USE ONLY

Model # _____
 Serial # _____
 Date: _____

SUBTOTAL	
SALES TAX	
FREIGHT COST	
FEDEX COST	
TOTAL COST	