

# Verizon Pioneer Estore Product Order Form

Product Name	Product ID	Unit Price	Quantity	Cost
<b>Total:</b>				

<b>Date:</b>

Would you like to receive e-mail notifications about our new products and special sales?   
 If so, please give us your e-mail address:

**Billing Information:**

Name:

Street Address:

City:  State:  Zip:

Country:

Day Phone:  Evening Phone:

Fax Number:  E-mail:

**Shipping Information (Don't complete this section if it's the same as your billing information)**

Name:

Street Address:

City:  State:  Zip:

Country:

Day Phone:  Evening Phone:

Fax Number:  E-mail:

**Payment Information:**

Will you be paying by? (Please check one)      Check:       Credit Card:

If paying by check, please send this form and your check to the address below. If paying by credit card, please mail this completed form to the address below or fax it to: 770-985-5075 (a secure line).

Payment Method:      Visa:       Mastercard:

Credit Card Number:

Expiration Date:      Month:       Year:

Please mail to:      TPA Region Account, Pioneer Accounting Center  
 P.O. Box 4406, Salem, MA 01970