



ASCEND ACOUSTICS, Inc. www.ascendacoustics.com  
 1062 Calle Negocio Suite G, San Clemente, CA 92673 (949) 366-1455  
 Email: sales@ascendacoustics.com Fax: (949) 420-2418

Please complete this form and fax it to our 24 hour secure fax line at (949) 420-2418 or mail it to the address listed on the bottom.

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone No: \_\_\_\_\_

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Product Model Number: _____	Qty: _____	Price: \$ _____
Description: _____		
Product Model Number: _____	Qty: _____	Price: \$ _____
Description: _____		
		<b>Sub Total: \$</b> _____
California residents please add 8.0% sales tax		<b>Tax: \$</b> _____
		<b>Shipping: \$</b> _____
		<b>Grand Total: \$</b> _____

Please select payment method:  MasterCard  Visa  Discover  
 Personal Check  Money Order

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address: Street: \_\_\_\_\_  
 (of credit card)

City/State/Zip: \_\_\_\_\_

Shipping Address: Street: \_\_\_\_\_  
 (If different)

City/State/Zip: \_\_\_\_\_

If paying by check or money order, please mail payment with this form to:  
 Ascend Acoustics, Inc.  
 Attn: Sales  
 1062 Calle Negocio Suite G  
 San Clemente, CA 92673

I hereby authorize Ascend Acoustics, Inc. to debit the above grand total amount from my credit card for the purchase of the listed products.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

For Ascend Use Only:	
Sales Order Number: _____	Invoice Number: _____
Check Number: _____	CC
Authorization: _____	