



ORDER FORM

By phone 484-373-0555

By fax 484-373-0566

By email sales@spectrumopticalsources.com

Name of Company _____

Address _____

City, State, Zip _____

Tel. No _____

Fax No _____

Email Address _____

Contact Person _____

<u>CNDS Filter</u>	<u>LNDS Filter</u>	<u>VCND Filter</u>	<u>ND Filter</u>	<u>CND-PMA</u>
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<input type="checkbox"/> CNDS-6-A	<input type="checkbox"/> LNDS-10-A	<input type="checkbox"/> VCNDF-25-2	<input type="checkbox"/> NDF-0.04	<input type="checkbox"/> CND-PMA
<input type="checkbox"/> CNDS-6-B	<input type="checkbox"/> LNDS-10-B	<input type="checkbox"/> VCNDF-25-4	<input type="checkbox"/> NDF-0.1	
<input type="checkbox"/> CNDS-8-A	<input type="checkbox"/> LNDS-25-C	<input type="checkbox"/> VCNDF-50-2	<input type="checkbox"/> NDF-0.2	
<input type="checkbox"/> CNDS-8-B	<input type="checkbox"/> LNDS-25-D	<input type="checkbox"/> VCNDF-50-4	<input type="checkbox"/> NDF-0.3	
<input type="checkbox"/> CNDS-12-A		<input type="checkbox"/> VCNDF-100-2	<input type="checkbox"/> NDF-0.4	
		<input type="checkbox"/> VCNDF-100-4	<input type="checkbox"/> NDF-0.5	
			<input type="checkbox"/> NDF-0.6	
			<input type="checkbox"/> NDF-0.7	
			<input type="checkbox"/> NDF-0.8	
			<input type="checkbox"/> NDF-0.9	
			<input type="checkbox"/> NDF-1.0	
			<input type="checkbox"/> NDF-1.3	
			<input type="checkbox"/> NDF-2.0	
			<input type="checkbox"/> NDF-3.0	



or send Company Check/ Money Order/ Cashiers Check (**see terms**)