

Order Form - VacuumTubes.Net

Fields in **BOLD** print are required

| | | |
|---------------------------|---|--|
| Full Name | | |
| Company | | |
| Address | | |
| City | | |
| State/Province | | |
| Country | | |
| Postal Code | | |
| Email Address | | |
| Telephone | | |
| Credit Card | Visa Discover, Master Card, Amex (circle) | |
| Expiration Date | Mo/Date/Year | |
| Credit Card Number | | |
| C V V Code | This is the last 3-4 numbers on the back of your credit card on the signature panel | |

Enter your Order

Note: If you will NOT accept an equivalent tube, please place a check mark the box labeled 'No Equivalent'-

PLEASE PRINT CLEARLY!!

| | Part Number | Qty | Check for No Equivalent |
|-----------|--------------------|------------|--------------------------------|
| Part # 1 | | | |
| Part # 2 | | | |
| Part # 3 | | | |
| Part # 4 | | | |
| Part # 5 | | | |
| Part # 6 | | | |
| Part # 7 | | | |
| Part # 8 | | | |
| Part # 9 | | | |
| Part # 10 | | | |
| Part # 11 | | | |
| Part # 12 | | | |
| Part # 13 | | | |
| Part # 14 | | | |
| Part # 15 | | | |
| Part # 16 | | | |
| Part # 17 | | | |
| Part # 18 | | | |
| Part # 19 | | | |
| Part # 20 | | | |

Place any comments or instructions below.

FAX this order to: 386-462-5656 or mail it to:

Radio Electric Supply
 Vacuum Tubes Division
 20323 North Hwy 121
 PO Box 433
 La Crosse, FL 32658