

Customer Information

Name _____
 UT ID Card#: 600861900 _____
 Physical Address _____
 City _____ State _____ ZIP _____
 Phone (____) ____ - ____ Alt. Phone (____) ____ - ____
 Email _____

COE FAX ORDER



CAMPUS COMPUTER STORE

University of Texas at Austin : FAC 109 : Austin, TX 78713
 Phone: 512-475-6550 | Fax: 512-232-9254
 Email: utsales@computerstore.utexas.edu
 Website: http://www.computerstore.utexas.edu

Manufacturer Part#	Manuf. / Vendor	Platform	Description	Price	Qty.	Total Line Amount
		PC / Mac				
		PC / Mac				
		PC / Mac				
		PC / Mac				
		PC / Mac				

X _____
 By signing above I understand that special orders are **NOT RETURNABLE** unless defective.
 I also authorize the Campus Computer Store to charge my Credit Card below (If applicable).

 Customer Signature | DATE

Shipping	\$19.99
Subtotal	
Tax	TX 8.25 % Sales Tax
Total	

PAYMENT and IDENTIFICATION INFORMATION

Delivery: Collect at Store Drop Ship **Payment:** Credit Card Check **Check / CC #** _____ **Exp.** ____ / ____

ACADEMIC ID

DRIVERS LICENSE

CREDIT CARD (if applicable)