



**ORDER FORM AE801**

email to [info@kronex.com](mailto:info@kronex.com)

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CONTACT PERSON

COMPANY NAME

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

**Kronex AE801 Sensor Element**

(Minimum Order: 5 Sensor Elements - \$1475 (\$295.00 ea)

Quantity / Total

SUB-TOTAL \$ \_\_\_\_\_

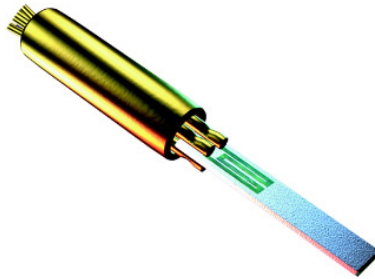
SHIPPING \$ \_\_\_\_\_

DOMESTIC SHIPMENT, MARK SELECTION AND ENTER AMOUNT

AIR \$45.00

SALES TAX \$ \_\_\_\_\_  
CA ONLY

**TOTAL** \$ \_\_\_\_\_



**Payment Information**

VISA       MASTERCARD       AMEX

PURCHASE ORDER (PRE-APPROVAL REQUIRED)

ACCOUNT NUMBER

EXPIRATION DATE

NAME ON CARD

**CCV code on card**

ADDRESS (IF DIFFERENT FROM ABOVE)

SIGNATURE

By signing this form for payment, I hereby authorize Kronex to charge my credit card for the above-stated order and amount. Kronex will bill actual shipping charge