



**Purchase Order Information Form**  
(Please fax completed form to: 407.358.5174)

(1) PO Number\*:

(2) Name of Institution\*:

(3) Name of Person Responsible for payment of invoice\*:

(4) Physical Address of person responsible for payment of invoice (please provide department name wherever applicable)\*:

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(5) Telephone number of person responsible for payment of invoice\*:

(6) Email address of person responsible for payment of invoice\*:

(7) Fax number of person responsible for payment of invoice:

(8) Please select your preferred payment method\* (please check any one):

Check  Wire Transfer  Credit Card

If payment is through credit card, please provide credit card details below (Your credit card will be charged as soon as your order is processed):

Card Number:

Card Expiry:

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Card Security Code:

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(9) Name & Signature of Person Responsible for payment of invoice\*:

\_\_\_\_\_ Date: \_\_\_\_\_

**Important:**

You are requested to please ensure that payment reaches us on or before the payment due date mentioned on the invoice. Check Payments should be sent to the following address:

**Digital Juice Inc.**  
**600 Technology Park, Suite 104**  
**Lake Mary, Florida 32746**  
**Toll Free 800.525.2203**  
**Fax: 407.358.5174**

Please contact Digital Juice Customer Service @ [customerservice@digitaljuice.com](mailto:customerservice@digitaljuice.com) for wire transfer payments.

\* Denotes Mandatory Field