



Salesman Courtesy Order Form

A SPECIAL DEAL BECAUSE WE CARE!

ULTRASONONE

Ultrasone extends to all bona fide employees of an authorized Ultrasone dealership the opportunity to purchase Ultrasone products for your personal use-

In order to take advantage of this program please note the following:

1. This order must be approved and signed by your store manager.
2. This order must be approved, signed and submitted by your local Ultrasone representative.
3. This order must be approved by Ultrasone.
4. This offer is limited to one set of Zinos & 1 set of any other headset listed on this form per 12 month period.
5. Merchandise is for employee's personal use and may not be sold for a period of one year.
6. You can pay by credit card or check. If you pay by check, the headphones will be shipped once the check clears.
7. In addition to the discount, we even pay ground freight!

All Ultrasone headphones feature at least one of these technologies:



Please check the product you are purchasing:

<input type="checkbox"/> Zino \$45 	<input type="checkbox"/> PRO 900B \$309 	<input type="checkbox"/> PRO 2900B \$309 			
<input type="checkbox"/> HF15G \$52 	<input type="checkbox"/> HFI 450 \$53 	<input type="checkbox"/> HF1 580 \$78 	<input type="checkbox"/> HFI 680 \$102 	<input type="checkbox"/> HFI 780 \$108 	<input type="checkbox"/> HFI 2400 \$126
<input type="checkbox"/> DJ 1 \$78 	<input type="checkbox"/> DJ1 PRO \$101 	<input type="checkbox"/> PRO 550 \$102 	<input type="checkbox"/> PRO 750 \$163 	<input type="checkbox"/> PRO 900 \$213 	<input type="checkbox"/> PRO 2900 \$213

Billing Name _____ American Express Master Card Visa Check
 Billing Address _____ CC No. _____
 _____ Expiration _____ Code _____

Date _____
 Salesman's Name _____
 Mobile Number _____
 Store Name _____
 Store Address _____

 I, the undersigned certify that I have read the requirements and agree to comply with them.
 Signature _____
 Email _____

Approved By:
 _____ Date _____
 Sales Manager/Owner
 _____ Date _____
 Ultrasone Sales Representative
 _____ Date _____
 Ultrasone
 Mail or fax this completed form to: Ultrasone Inc
 40960 California Oaks Rd #223, Murrieta, CA 92562
 Tel: 951.677.4600 Fax: 951.677.8662