|  |  |
| --- | --- |
| Omnilink_NXsol_Large (1).jpg | **New Sales Order** |
| *Office Use Only* |
| *GP Sales Order #*  *GP Account #* |
| Date: Click here to enter a date. | *Lease/Purchase*  *PO #* |
| Company Name: | *Date Shipped* |
| FocalPoint ID: | *FedEx Tracking #* |
| Shipping To Address | Shipping Method: |
|  | Contractual Shipping Rates Will Apply |

City, State, Zip:       **If your choice carrier is not available**

Ordered By:       **will you accept another carrier?**

Comments:

**Items Ordered**

|  |  |  |
| --- | --- | --- |
| **Quantity** | **Item Description** | **Price**  (*Office Use Only)* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **All kits include the device, charger, backplate, strap, and one set of pins** | | |
| **Omnilink Service Level Agreement for Sales Orders (Monday – Friday)** | | |
| * Up to 10 units shipped next business day if order entered by 2:00pm ET. * 11 to 49 units shipped third business day. * 50 to 100 units shipped fifth business day. * For 101 units or more, shipping will be coordinated through the Account Manager. | | |
| **Save this order form to your computer for your records.** E-Mail the completed form to [dana@americancorrections.com](mailto:dana@americancorrections.com) | | |