
INSTRUCTIONS

Form 2333 X, *SPEC Supplemental Order Form*

When ordering please follow these guidelines (orders may be shipped in multiple shipments).

- Box 1** **Date** (*Required*) - Enter today's date (mm/dd/yyyy).
- Box 2** **Contact Name** (*Required*) - Enter the name of the person receiving the order.
- Box 3** **Telephone Number** (*Required*) - Enter the 10-digit telephone number (ex: (555) 111-1111) and extension if applicable of the person receiving the order.
- Box 4** **Organization** (*If needed*) - Enter your Organization Name, Building, Room Number and Floor.
- Box 5** **Shipping Address** (*Required*) - Enter your complete street address or PO Box (ex: PO Box 123, 1234 Main St, Ste. 5).
- Box 6** **City** (*Required*) - Enter your city.
- Box 7** **State** (*Required*) - Enter your 2-letter state identifier.
- Box 8** **Zip Code** (*Required*) - Enter your zip code.

SPEC use only.

- Box 9** **Order Point Number** (*Required*) - Enter your Order Point Number (five digits).
- Box 10** **SPEC Contact Person** (*Required*) - Enter your first and last name.
- Box 11** **SPEC Contact's Telephone Number** (*Required*) - Enter your 10-digit telephone number (ex: (555) 111-1111) and extension if applicable.
- Box 12** **Alternate SPEC Contact Name** (*Required*) - Enter alternate contact name.
- Box 13** **Alternate SPEC Telephone Number** (*Required*) - Enter alternate's 10-digit telephone number (ex: (555) 111-1111) and extension if applicable.

* Only products **NOT** listed on the F 2333 TE or F 2333 V will be processed on this order form.