

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1 2

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 04/29/2009	2. CONTRACT NO (if any) GSO7E5965P	6. SHIP TO:	
3. ORDER NO. HSBP1109F26266		4. REQUISITION/REFERENCE NO. 0020046888	
5. ISSUING OFFICE (Address correspondence to) CBP, Procurement Directorate ATTN: (b) (6) Intech Two, Suite 100 6650 Telecom Drive Indianapolis IN 46278		a. NAME OF CONSIGNEE See Attached Delivery Schedule	
7. TO:		b. STREET ADDRESS	
a. NAME OF CONTRACTOR ATLANTIC DIVING SUPPLY INC		c. CITY	
b. COMPANY NAME		d. STATE	
c. STREET ADDRESS 477 VIKING RD STE 350 D/B/A ADS		e. ZIP CODE	
d. CITY VIRGINIA BEACH		f. SHIP VIA	
e. STATE VA		8. TYPE OF ORDER	
f. ZIP CODE 23452-7369		<input type="checkbox"/> a. PURCHASE - Reference Your _____ Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
9. ACCOUNTING AND APPROPRIATION DATA		<input checked="" type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
CONTRACTOR TIN: (b) (4)		10. REQUISITIONING OFFICE (b) (6)	
12. F.O.B. POINT Destination		11. BUSINESS CLASSIFICATION (Check appropriate box(es))	
13. PLACE OF		<input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	
a. INSPECTION		14. GOVERNMENT B/L NO.	
b. ACCEPTANCE		15. DELIVER TO F.O.B POINT ON OR BEFORE (Date) 08/31/2009	
		16. DISCOUNT TERMS	

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QTY Acpt (g)
00010	Don Hume Style#C309-T-F OC Spray Holder	(b) (4)	EA	(b) (4)	\$14,341.20	

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.		17(h) TOT. (Cont. pages)	
	21. MAIL INVOICE TO:					
	a. NAME DHS - Customs & Border Protection		National Finance Center			\$0.00
	b. STREET ADDRESS (or P.O. Box)		P.O. Box 68908			17(i) GRAND TOTAL
c. CITY Indianapolis		d. STATE IN	e. ZIP CODE 46268			

22. UNITED STATES OF AMERICA (b) (6)	23. NAME (Typed) Susan Hargett-Evans TITLE: CONTRACTING/ORDERING OFFICER
---	--

DATE OF ORDER 04/29/2009	CONTRACT NO. (if any) GS07F8912D	ORDER NO. HSBP1109F26266	PAGE OF PAGES 2 2
-----------------------------	-------------------------------------	-----------------------------	----------------------

Federal Tax Exempt ID: 72-0408780

Emailing Invoices to CBP. As an alternative to mailing invoices to the National Finance Center as shown on page one of this award, you may email invoices to: **cbpinvoices@dhs.gov.**

NOTES:

Item Number 00010-Don Hume Style #309-T-F OC Spray Holder

General Information:

Government POC:

Contract Specialist- (b) (6)

Requisitioner- (b) (6)