

**FAX ORDER FORM**

**Billing Information:**

**Shipping Information:**

P.O. Number:	Company Name:
Company Name:	Contact/Title:
Buyer's Name:	Street Address:
Street Address:	City/State/Zip:
City/State/Zip:	Phone:
Phone:	<input type="checkbox"/> Check here if billing address is the same as shipping. <u>Notes:</u>
Fax:	
Email:	

**ORDER INFORMATION:**

QTY	ITEM #	DESCRIPTION	AMT.	TOTAL AMT.

**METHOD OF PAYMENT**

- Full Source Account  
 Visa       Discover  
 MC       AMEX

\*Tax Only  
if Applicable

SubTotal	
TAX*	
Total Amount	

CARD# \_\_\_\_\_ EXP Date \_\_\_\_\_ CVC# \_\_\_\_\_

Signature \_\_\_\_\_

**\*RUSH SHIPMENTS/SPECIAL INSTRUCTIONS: PLEASE CALL 1.800.975.0986**

**FAX BACK TO: 1.904.404.9004**