



FAX ORDER FORM

Phone: 561-588-1001

Fax Line: 561-585-8583

Have you ordered before and know your Customer Number? _____

BILLING INFORMATION

Company / Name:

Attention To:

Address 1:

Address 2:

City:

State:

Zip:

Daytime Phone #:

Alt. Phone or Fax#:

PO # / Remarks:

SHIPPING METHOD

UPS Ground

3DAY Select

2nd Day Air

Next Day Air PM

Next Day Air AM

Please E-MAIL me a Tracking Number at: _____

Date: _____

SHIPPING INFORMATION

Is the **BILLING ADDRESS** going to be the same as the **SHIPPING ADDRESS**?

YES

NO

If NO, please fill in your proper **SHIPPING ADDRESS** below.

SHIPPING ADDRESS

Company / Name:

Attention To:

Address 1:

Address 2:

City:

State:

Zip:

PAYMENT INFORMATION

VISA

Mastercard

Discover

AMEX

Card Number: - - -

Expiration Date: ____/____

CARDHOLDER NAME

CARDHOLDER BILLING ADDRESS

CITY

STATE

ZIP

QUANTITY

CATALOG NO.

PRODUCT DESCRIPTION

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.
