# FAX ORDER FORM

**Include your phone number so we can call if we have questions.**

**Bill to:**

Account Number | Company Name | Your Name

Complete Address | Type of Business

( ) Phone Number | ( ) Fax Number | Purchase Order Number

**Ship to:**

Company Name | ATTN:

Complete Address (Sorry, we cannot ship to a P.O. Box) | City | State | Zip

Delivery Instructions (if required)

| Prefix/Item Number | Color | Page | Description | Quantity/ Unit | Unit Cost | Extended Cost |
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Need more room? Just attach an additional piece of paper.

**Merchandise Total**

**Sales Tax**

**TOTAL**

**Method of Payment:** ❒ Cash ❒ Check ❒ Company Charge #_____

❒ Bank Card (Name) _____

❒ Bank Card # _____ Exp. _____ Signature _____

**New Customers:**

Bank Name | Bank Phone | Business Checking Account Number

Contact at Bank | Type of Business

Number of Employees at Your Location _____ Branch Office _____ Headquarters _____ Single Location _____

**Thank you for ordering from us!**