





**Faxable Order Form**

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|---|---|
| Date:   | New Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Business Name:  | Buyer Name:   |
| Billing Address:  | Ship Address:   |
| Address:  | Address:  |
| City, State, Zip:   | City, State, Zip:   |
| Country:  | Country:  |
| Phone: (    )                      Fax: (    )                                  | Email Address:  |
| <b>Shipping Information</b>   | <b>Payment Information</b>  |
| Ship via UPS Ground, otherwise requested below                                  | <input type="checkbox"/>  <input type="checkbox"/>  |
| Designate Carrier:  | Credit Card #:  |
| Requested Ship Date:  | Name on Card:   |
| <input type="checkbox"/> No Back Order <input type="checkbox"/> Partial Ship OK | Exp Date:    /                      CVV (3 digit #):  |
| Special Instructions:   | Special Instructions:   |

| Item # | Quantity | Item Description | Color | Unit Price | Total |
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