FAX ORDER FORM

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DATE

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MO. DAY YEAR

BILLING INFORMATION:

BILL TO:

COMPANY:

DIV./DEPT.:

ADDRESS:

CITY:

STATE/PROV.: ZIP/POSTAL:

ORDERED BY:

CUSTOMER P.O. #:

SHIPPING INFORMATION:

SHIP TO/ATTN.:

COMPANY:

DIV./DEPT.:

ADDRESS:

CITY:

STATE/PROV.: ZIP/POSTAL:

TELEPHONE:

FAX:

ITEM NO.	DESCRIPTION (INCLUDE COLOUR AND SIZE)	QUANTITY	UNIT PRICE	TOTAL PRICE

SUBTOTAL	
TAX	
GRAND TOTAL	

PAYMENT METHODS

❑ OPEN ACCOUNT ❑ CUSTOMER ACCOUNT NO.:

❑ AMERICAN EXPRESS ❑ VISA ❑ MasterCard

If ordering by credit card, please provide us with the name of card holder as it appears on card:

NAME:

TELEPHONE: FAX:

CREDIT CARD: EXP.:

SIGNATURE:

SHIP VIA

❑ PRE-PAID & CHARGE (freight added to invoice) ❑ PICK UP

❑ UPS COLLECT ❑ FEDEX COLLECT ❑ PUROLATOR COLLECT

❑ ACCOUNT NO.:

❑ OTHER: (COLLECT)

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