



Fax Order Form

Fax Order to: (909) 599-2291

Main Phone #:		Alt. Phone #:		
Email Address:		Fax #:		
Billing Address:		Shipping Address:		
Company:		Attention: Company: Address:		
City: State: Zip Code:		City: State:		
pecial Instructions: Qty. Item No.	Descri			Total Cost
Qty. Item No.	Descrip	otion	Unit Price	Total Cost
	1			
-	Discover Masterc	ard 🗌 Visa 🗎	Subtotal:	
lame on Card:	Discover		Sales Tax:	
lame on Card: Card No	Discover			
American Express Name on Card: Card No. Expiration Date:	Discover	(Ca	Sales Tax: alifornia Residents Only) Total Cost:	

Your signature below is your acceptance of our terms, and authorizes us to charge the above credit card for the total amount of your order.

Customer Signature: