



Fax Order Form

Please Complete and Fax this Form to 254-939-5867

BILL TO:	SHIP TO:
Company Name:	Company Name
Address:	Address:
City, St, Zip	City, St, Zip
ATTN:	ATTN:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Part#	Item Description	Qty (boxes)

Comments: _____

Shipping Method: (check your choice below)

Ground (3-5 days)
 Saver (3 days)
 2nd Day (2 days)
 Standard Overnight (3:00 PM)
 Priority Overnight (10:30 AM)

Payment Method: (check your choice below)

Send Me an Invoice (If applicable, PO# _____)
 Bill My Credit Card You Have On File
 Bill This Credit Card (circle type): VISA MC AmEx
 Card #: _____
 Expires: _____ Name on Card: _____
 Card Billing Address: _____