

FAX ORDER FORM
FAX ORDER DEPARTMENT
(210) 656-4077

Would you like a phone call confirming this fax? Yes No

Date _____ Your Phone#(____) _____ Account# _____




Company _____ Your Fax# _____

Contact Name _____ P.O.# _____

Address _____ City _____ State _____ Zip _____

Delivery Address (if different than above) ID# _____ Tax Exempt No Yes Tax _____

Street _____ City _____ State _____ Zip _____

If paying by credit card, please check box:   

Credit Card# _____ Expiration Date _____

Card Holder's: Name (please print) _____ Signature _____

	Item Number	Qty.	Unit (ea., dz., etc.)	Description	Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					