

# Fax Order Form

<b>Customer Information</b>	
<b>* Name</b>	
<b>Company Name</b>	
<b>* Phone</b>	
<b>Fax</b>	
<b>E-mail</b>	
<b>Are you a previous customer?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Billing Information</b>	
<b>* Billing Address</b>	
<b>* Billing City</b>	
<b>* Billing State</b>	
<b>* Billing Zip</b>	
<b>Shipping Information</b>	
<b>* Shipping Address</b>	
<b>* Shipping City</b>	
<b>* Shipping State</b>	
<b>* Shipping Zip</b>	
<b>* Residential Delivery?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Special Shipping Instructions</b>	
<b>Order Information</b>	
<b>* Quantity and Item Numbers</b>	
<b>Special Instructions or Customizations</b>	
<b>* Type of Payment</b>	<input type="checkbox"/> Credit Card <input type="checkbox"/> Purchase Order
<b>NOTE: For Security Purposes, our sales team will call you to obtain your credit card information after you submit your order.</b>	
<b>Your P.O. Number</b> (if purchase order)	