

FAX ORDER FORM - - - 412-461-4016

Date: _____ PO# _____ Phone: _____
 Ordered by: _____ Fax: _____

BILL TO: Name: _____ Company: _____ Address: _____ City: _____ State: _____ Zip: _____ E-mail: _____	SHIP TO: - If different than Bill To (No PO Boxes) Name: _____ Company: _____ Address: _____ City: _____ State: _____ Zip: _____ E-mail: _____
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ITEM NUMBER	DESCRIPTION / COLOR	SIZE	ITEM PRICE	QUANTITY	TOTAL

Payment Terms & Method

BILL ME - Net 30 Days (Businesses only, call for a credit application)

VISA
 MasterCard

Card Number

/

Expiration Date CVV2 Code 3-Digit Code On Signature Panel On Back Of Card

Billing Zip Code _____

NAME OF CARD HOLDER AS IT APPEARS ON CARD _____

AUTHORIZED SIGNATURE _____

TOTAL AMOUNT

When we call to confirm your order, we will also let you know shipping charges, as well as the total to be charged to your account. Please make sure the phone and fax numbers at the top of this form are correct.

~ THANK YOU FOR YOUR ORDER ~