FAX ORDER FORM

Account No. Company Name Contact Name Phone Number FAX Number

If first time purchase, Fax a copy of your resale card with this order.

Ship to:

Name

Address

City, State & Zip

Part Number	Description	Qty.	Price	Total

Preferred shipping method Partial ship OK? Yes or No

❑ Pre-pay and add ❑ Will call ❑ Other _____ Total

❑ Visa ❑ MasterCard ❑ AMEX No. _____ Tax

Cardholder's Name _____ Exp. Date _____ Grand Total

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