



# Order Fax Form

Please fax to 978-468-1359

Both pages must be received for order to be processed

\* Denotes required information

For Office Use Only: Invoice Number \_\_\_\_\_

Customer Information	
*Contact Name	
Business Name	
*Billing Address	
*Shipping Address Must be a Street Address (if different from billing)	
*Phone	
Fax	
E-mail	

Billing Information			
*Payment Type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> C.O.D. <input type="checkbox"/> Prepay by Check		
Credit Card #			
Name on Card			Security Code: (3 digit)
Expiration Date	Month:	Year:	

Shipping Preferences			
<b>Ship Via</b> (if not selected, shipment will be made by UPS Ground)	<input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS Overnight <input type="checkbox"/> UPS 2 <sup>nd</sup> Day Please call for quotes on 1 Day / 2 Day shipping		
<b>Backorders &amp; Partial Shipments</b>	<input type="checkbox"/> Please wait until all items are available before shipping <input type="checkbox"/> Please ship available items immediately <input type="checkbox"/> Please call or fax to notify me of backorders		
Date Needed		Today's Date	

