



FAX ORDER FORM

Date: _____ PO#: _____
 Company: _____ Contact: _____
 Address: _____ Ship To: _____
 Phone#: _____ FAX#: _____

Quantity	Part #	Price	Ship Date <i>(office use only)</i>

Ship Via: **UPS**
 Ground
 Orange (3rd day)
 Blue (2nd day)
 Red (Next day)
 Saturday

Account # _____

Fedex
 Ground
 Over Night

Account # _____

Other _____

Will Call _____

Notes: _____

Confirmation: _____