

Fax Order Form

Card Holder's Name: _____

Billing Address: _____

Shipping Address: _____

Phone Number: _____

Fax Number: _____

Credit Card Number: _____

Expiration Date: _____

Credit Card Type: Master Visa

Email Address: _____

Description	Qty	Price	Total

Sub-Total : _____

Shipping & Handling: _____

Please contact us to make sure the shipping & handling fee.

Tax: _____

California Residents will be charge sales tax based on the county's rate.

Total: _____

Signature: _____

Date: _____