

FAX ORDER FORM



333 S. Alameda Street
 Suite 300C
 Los Angeles CA. 90013
 Phone # (213) 687-3000
 Fax # (213) 687-3005

BILL TO: _____

SHIP TO: _____

PAYMENT BY:

Terms _____

P.O Order/Req# _____

Credit Card _____

Card Type _____

Expiration Date _____

Date Needed _____

Card Number _____

Time Needed _____

C.O.D. _____

Tax Exempt _____

Exemption No. _____

Date Ordered _____

ITEM NO.	DESCRIPTION	QTY	UNIT AMT	TOTAL

SUBTOTAL: _____

Shipping charges will be added if necessary

Ordered by

 % TAX:

Approved By

TOTAL DUE: _____

SPECIAL INSTRUCTIONS:

