FAX ORDER FORM

FAX NUMBER: 1- (206) 233-9440
PHONE: 1-(206) 223 9374

Date Order Placed: _____

Customer's Name:_____
Billing Address (address on credit card)
_____
_____
_____
_____
Phone Number:_____
Email: _____

Item	Qty.	PPU	Total

Delivery Address (leave blank if same as above)
Name: _____
Address:
_____
_____
_____
_____
Phone Number: _____

Shipping (Select one): UPS Ground UPS 2nd Day Air

Payment Visa/ MasterCard
Name as it appears on Card _____
CC#: _____ _____ _____ _____
Expiry (mm/yy): ____ / ____
CVV2: _____