Fax Order Form

Fax Order To: 201-797-1276 Tel: 201-797-0895

Order Date ☐☐-☐☐-☐☐ (MM-DD-YY) PO# (If any) _____

Customer Information

Bill to: First Name _____ Last Name _____

Customer ID# _____

Signature: _____ Company Name _____

Phone: Fax:

E-mail: _____

Address:

City _____ State: _____ Zip: _____

Ship to (If address if different from above):

Company Name _____ Contact Name _____

Phone: Fax:

Address: _____

City _____ State: _____ Zip: _____

Select Credit Card ☐ VISA ☐ MasterCard

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐-☐☐ ☐☐☐☐

Credit Card Number Expiration Date CID/Card Code

Tool No.	Order No	Qty	Price	Amount	Remarks

Subtotal _____

Local Sales Tax _____

Grand Total _____