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MAIL/FAX ORDER FORM

Sales Rep. Code: _____ Quote Only: <input type="radio"/> Order: <input type="radio"/>	Office Use Only
	Sales Order #:
	Date Order Received:

Bill To:	Ship To:
Company Name	Company Name
Contact Name:	Contact Name:
Address:	Address:
City, State, ZIP	City, State, ZIP
Contact Phone Number:	Contact Phone Number:
Contact FAX Number:	Contact FAX Number:
E-Mail Address:	E-Mail Address:

P.O. Number:	Acct. Number:	Required Date:	Ship Method:	Payment: (CC,check, PO,?)
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QTY	Part #	Cat. page #	Description	Unit Price	Amount

Comments:	subtotal page 1
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Credit Card #	Office Use Only
Type of Card:	
Name on Card:	
Card Billing Address:	
CW Code:	
Expiration Date:	
Buyer Approval: _____	
	Subtotal page 2:
	Subtotal 1 + 2:
	Sales Tax:
	Shipping:
	Total:

