# Fax Order Form (310) 670-8220

Please use this number for sales orders.

Company_____Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Date _____ Purchase Order # _____ Account # _____

Shipping Carrier (Please circle) FedEx UPS
Account #_____

Payment Type (Please circle one)
Company Check American Express
MasterCard Discover Wire Transfer

Credit Card Number _____

**Please copy this form for future orders**

| QUANTITY | PART# | DESCRIPTION | PRICE |
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**ALL FAX ORDERS WILL BE CONFIRMED UPON RECEIPT**
If not confirmed please call as a transmission error may have occurred.

Signature_____Print Name_____ Date_____