FAX ORDER FORM

Date: _____

Dealer Name: _____ **Contact Name:** _____

Phone: (_____) _____ - _____ **Fax:** (_____) _____ - _____

Email Address: _____

Payment Type: COD / Credit Card **If Paying by Credit Card:** **Credit card on file:** Y / N **Keep Credit Card Info on File:** Y / N

Credit Card Number: _____ **Exp date:** _____

Name on card: _____

Credit Card Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Purchase Order #: _____ **Shipping:** Standard / Second Day Air / Next Day Air

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

Quantity	Item #	Description

412 AIRPORT BLVD, WATSONVILLE, CA 95076
(831) 722-FAST(3278) FAX (831) 722-6999