



Fax Order Form

Please fax to :(212) 459-8918

First Name

Last name

Address

Apt #

City

State

zip code

Day Phone

Fax #

Billing Address

City State

Credit card type, we accept Visa Master card
American Express please check one.

Master Card Amex Visa

Credit Card Number

Expiration Date

Product Name or Manufacturer and Model Number

1.

2.

3.

4.

By faxing this order I give permission to charge this order to my account and accept all responsibility for shipping and taxes.

Signature

date