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**FAX ORDER FORM**  
FAX ORDER DEPARTMENT  
**(210) 826-5900**

Would you like a phone call confirming this fax?  Yes  No

Date \_\_\_\_\_ Your Phone#(\_\_\_\_) \_\_\_\_\_ Account# \_\_\_\_\_




Company \_\_\_\_\_ Your Fax# \_\_\_\_\_

Contact Name \_\_\_\_\_ P.O.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Delivery Address (if different than above) \_\_\_\_\_ Tax Exempt No Yes Tax ID# \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If paying by credit card, please check box:        

Credit Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder's: Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

	Item Number	Qty.	Unit (ea.,dz., etc.)	Description	Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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19					
20					

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