(Form may be duplicated)

Toll-Free Fax Order Form

Fax: (800) 469-7789

NAME _____ SHIP TO ADDRESS _____

MAIL ADDRESS _____ (IF DIFFERENT) _____

_____ _____

_____ _____

DAYTIME PHONE _____ EVENING PHONE _____ FAX NUMBER _____

CUSTOMER NUMBER _____ EMAIL ADDRESS _____

Quantity	Unit	Part Number (DBE or OEM)	Description	OK to B/O? Y	N

Shipping charges, export documentation fees, and applicable California SalesTax will be added to all orders.

METHOD OF PAYMENT

☐ COD

☐ Credit Card (circle one)

VISA MasterCard AMERICAN EXPRESS Cards DISCOVER NOVUS

_____ expires _____

Signature _____

☐ Pre-approved open account

☐ Will prepay — please let me know total.

METHOD OF SHIPMENT

UPS or FedEx to U.S.

☐ Next Day ☐ Sat. Dlvy.[1]

☐ 2-Day ☐ 3-Day [2]

☐ Ground [2]

[1] Limited delivery area [2] N/A to AK or HI

UPS or FedEx to Canada

☐ Express

☐ Expedited

☐ Standard [3]

[3] N/A to NT or YK

Postal Service

☐ Air

☐ Ground

***Other** (specify):*

_____

_____