



Imaging Resources

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FAX ORDER FORM

Attention _____
 Date _____
 Time _____

BILL TO

Account Number: _____
 Company Name: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Phone: _____ Fax _____
 Confirm to: _____
 Customer P.O. No: _____

SHIP TO Check here if same

Company Name: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Phone: _____ Fax _____
 Confirm to: _____
 Customer P.O. No: _____

| Part # | Description | Quantity | Price |
|--------|-------------|----------|-------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |

Payment Method

_____ Pre-Approved Terms
 _____ COD
 _____ Credit Card # _____ Exp. Date _____
MasterCard, VISA, American Express and Discover cards are accepted.

Shipping

_____ Standard Ground
 _____ Next Day Air, _____ AM
 _____ 2nd Day Air
 _____ 3rd Day

Other Shipping Method

