# FAX ORDER FORM

Complete form below and fax to (530) 529-5848

**Date:**_____ **PO #:** _____

| **BILL TO** | **SHIP TO (if different)** |
|---|---|
| **COMPANY:**_____ | **COMPANY:**_____ |
| **NAME:**_____ | **NAME:**_____ |
| **ADDRESS 1:**_____ | **ADDRESS 1:**_____ |
| **ADDRESS 2:**_____ | **ADDRESS 2:**_____ |
| **CITY:**_____ | **CITY:**_____ |
| **STATE:** _____ **ZIP:** _____ | **STATE:** _____ **ZIP:** _____ |
| **PHONE:**_____ | **PHONE:**_____ |

**SHIP VIA:** _____

| QTY | U/M | ITEM CODE | DESCRIPTION | PRICE EA | AMOUNT |
|---|---|---|---|---|---|
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | SHIPPING CHARGES | | |
| | | | | TOTAL | |

PAYMENT BY:

**AMEX** ☐ **VISA** ☐ **MASTERCARD** ☐ **DISCOVER** ☐

**Card Number:**_____ **Security Code:**_____ **Expiration Date**_____

**For Office Use Only:**

_____

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_____

**1515 Schwab Street, Ste #A** **Red Bluff, Ca 96080** **1-8-ONE-4-LITES**

**4EXITS.COM** **sales@4exits.com**