



FAX ORDER FORM

Company: _____
(Please Print)

Name: _____

Address1: _____
(We can not ship to a PO BOX)

Address2: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

Phone #: (____) _____ - _____ Email: _____
(in case we have any questions)

Tell us what you would like to order?

Description of Items	Quantity	Price	Extended Price
1			
2			
3			
4			
5			
6			
7			

Sales Tax of 8.25% will be added to total. CA Residents Only

Subtotal
Tax 8.25%
Shipping
Total

Shipping via **FedEx**

Ground 3 Day 2 Day Next Day Over Night

Payment Information: Type of card Visa MasterCard Amex
(If you do not have a Credit Card you may mail this form in with your check or Money Order)

Card #: _____ Expiration Date ____/____

Bank #, 3 digit code on back _____ Amount incurred: \$ _____

Signature: _____ Date: _____

I hereby authorize Pro8mm to charge my credit card for the amount indicated above.

1. If you would like us to keep your card on file for future orders, please initial here: _____

Fax this form to (818) 848-5956 with a copy of the credit card and driver's license of the card holder. We will process your order within 48 business hours. If this order requires IMMEDIATE ATTENTION then please call us after faxing for details at 818-848-5522. Hours of Operation: M - F, 8am - 6pm, PST

We thank you for your order!!