Fax Order Form

(page# of)

Questions? Call (404) 688-4989

Company _____

Billing address

Name _____

Address _____

_____

_____

Tel _____

Fax _____

Email _____

Shipping address (leave blank if same)

Name _____

Address _____

_____

_____

Tel _____

☐ VISA ☐ MASTER ☐ AMEX ☐ DISCOVER ☐ Money Order or Cashier's Check

Card number _____ Security code* _____ Expiration _____

*last 3 digits in the signature box on the back of your card

Cardholder name _____ Signature _____

Shipping Method ☐ Fedex Next Day ☐ Fedex 2nd Day ☐ UPS Ground

Qty	Item No	Size/Length/Color (if applicable)	Special Request

Please fax to 404 - 524 - 5382. THANK YOU for your order