



Fax Order Form

Please fax to  
206.524.4152

Date: \_\_\_\_\_

Billing Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Purchase Order # \_\_\_\_\_

Shipping Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shipping Preference: \_\_\_\_\_

Quantity	Design	Size	Mounting Choice	Unit Price	Total

Subtotal: \_\_\_\_\_

Tax: \_\_\_\_\_

\*Shipping: \_\_\_\_\_

Total: \_\_\_\_\_

*Please supply the following billing information:*

Credit Card: Visa Mastercard (circle one)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

\*Shipping is additional. All Prices are F.O.B. Seattle, Washington

*We will follow up this order with an invoice to confirm pricing, shipping, and billing information.*

*Thank you for your order!*