

FAX ORDER FORM

If you need assistance identifying part numbers, please call our Parts Department at (863) 686-8744.

Customer's Information			
	Billing Information	Shipping Information <small>(if different from Billing)</small>	
Company Name:			
Contact:			
Address:			
City, State, Zip:			
Telephone:			
Fax:			
Email Address:			
PARTS ORDER			
Model # _____ Serial # _____ (recommended)			
Qty	Part #	Description	Price
1		Florida Sales Tax	
1		Shipping & Handling	
Credit Card Info (all Information is required)			
We accept Visa® and MasterCard© (Check One)		<input type="checkbox"/> MasterCard ©	<input type="checkbox"/> Visa ©
Card Number (16 digits)		_____ - _____ - _____ - _____	
Card Expiration Date		___ / ___ (MM/YY)	
Cardholder's Name			
Company Name on Card			
Street Address for Credit Card			
Zip Code of Billing Address for Card			
3-digit Card Code Found on Signature line of Card			
			
Cardholder's Signature			