



Fax To: 760.471.0544

Date:	
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<input type="checkbox"/> Retail:	<input type="checkbox"/> Resale Tax ID #	
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Bill To:	Card Type:	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>	American Express <input type="checkbox"/>
	Credit Card #:			
	Expiration Date:			
	Name on Card:			
	Company Name:			
	Billing Address:			
	City:			
	State:			
	Zip Code:			
	Phone #:			
	Fax #:			
	Email Address:			

Ship To:		Same as Billing Address <input type="checkbox"/>
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-or-

Ship To:	
Name on Card:	
Company Name:	
Billing Address:	
City:	
State:	
Zip Code:	
Phone #:	
Fax #:	
Email Address:	

Qty:	Item Description:		

Comments:	