



FAX ORDER FORM

Complete form below and fax to

(530) 529-5848

Date: _____

PO #: _____

BILL TO

SHIP TO (if different)

COMPANY: _____

COMPANY: _____

NAME: _____

NAME: _____

ADDRESS 1: _____

ADDRESS 1: _____

ADDRESS 2: _____

ADDRESS 2: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

PHONE: _____

PHONE: _____

SHIP VIA: _____

QTY	U/M	ITEM CODE	DESCRIPTION	PRICE EA	AMOUNT
			SHIPPING CHARGES		
TOTAL					

PAYMENT BY:

AMEX

VISA

MASTERCARD

DISCOVER

Card Number: _____ Security Code: _____ Expiration Date _____

For Office Use Only:

1515 Schwab Street, Ste #A

Red Bluff, Ca 96080

1-8-ONE-4-LITES