

FAX ORDER FORM

Bill To:

Ship To: (Only if different from bill to)

Company

Company

Street

Street

City, State, Zip

City, State, Zip

Phone

Fax

Phone

Fax

P.O. #

Ordered By

Date

Quantity	Item Number	Description	Unit Price	Extended

Sub Total

MI 6.00% Sales Tax

Total

Fax Order to 231-457-4037