



www.primesourcecellc.com

Fax Order Form

Copy This Form and Fax to: 812-876-1162

Date _____ Your Phone # _____
 Company Name _____ Your Fax # _____
 Address _____ Contact Name _____
 _____ P.O. # _____

City _____ State _____ Zip _____

Delivery Address _____
 (If different from above)

Comments: _____

If Paying by Credit Card, Please Fill In Box

Credit Card # _____
 Exp _____ CSC _____

Cardholder's Name _____
 (please print)

Cardholder's Signature _____

Card Billing Address _____

	Page	Item #	Qty.	Unit (ea., dz., etc.)	Price	Description
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

If You Have Any Returns, Please Complete Below:

Item #	Qty.	Original Order#	Reason

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