VMRD -- FAX/MAIL ORDER FORM

Please Photocopy for Future Use

Order date _____ Customer ID No. _____

Purchase Order No. _____ Credit Card CID No. _____

Credit Card No. _____ Exp. Date _____ Name as it appears on card _____

Special Instructions _____

_____

Shipping Address

Company _____

Address _____

_____

City _____

State _____ Zip _____

Attention _____

Phone _____

Fax _____

E-mail _____

Billing Address

Company _____

Address _____

_____

City _____

State _____ Zip _____

Attention _____

Phone _____

Fax _____

E-mail _____

CATALOG NUMBER	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			*TOTAL:	

_____

* Shipping Charges will be prepaid and added to the invoice total.

Orders are shipped FOB Pullman.

Washington State customers please add sales tax.

VMRD

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