

FAROUDJA TONER

FAX ORDER FORM

Please fill in completely and fax to the desired sales office below.
FAX TO: **650-593-3817**

ATTENTION (FAROUDJA TONER SALES REP.): _____ DATE _____

CUSTOMER NO _____ PHONE _____ FAX _____ P.O. NO. _____

BILL TO:

COMPANY NAME _____

CONTACT _____

COMPANY ADDRESS _____

CITY _____

STATE/PROVINCE _____ ZIP _____

COUNTRY _____

SHIP TO:

COMPANY NAME _____

CONTACT _____

COMPANY ADDRESS _____

CITY _____

STATE/PROVINCE _____ ZIP _____

COUNTRY _____

PAYMENT METHOD:

COD CHECK WIRE OTHER _____

CREDIT CARD TERMS _____

EXP. DATE _____

NAME _____

AUTHORIZED SIGNATURE _____

SHIPPING METHOD:

UPS FEDEX DHL OTHER: _____

GROUND 3 DAY 2 DAY NEXT DAY

STANDARD PRIORITY

BILL TO SHIPPING ACCOUNT # _____

ITEM NUMBER	QTY	DESCRIPTION	PRICE

NOTES/SPECIAL INSTRUCTIONS _____
