EZ FAX ORDER FORM

Bill To Address		Ship To Address (*If Different From Bill To*)	
Name:		**Name:**	
Address:		**Address:**	
City:	**State:**	**City:**	**State:**
Country:	**Zip:**	**Country:**	**Zip:**
Phone:		**Phone:**	
FAX:		**FAX:**	

Order Information		Payment Information
		Mastercard
Date:		**** Credit Card Information (If Applicable) ****
PO#:		**Card Number:**
Name:		**Expiration Date:**
Priorty:	Stock	**CCV #:** **Billing Zip Code:**

Shipping Method	
UPS Ground	Type In Account Number

Qty.	Part Number	Description	Part Type
			Refurbished
			Refurbished
			Refurbished
			Refurbished
			Refurbished
			Refurbished
			Refurbished
			Refurbished
			Refurbished
			Refurbished
			Refurbished
			Refurbished

**** Order Notes or Special Instructions ****

PLEASE FILL OUT AND FAX TO 203-775-0816 TO PLACE ORDER