



FAX ORDER FORM
FAX TO: 915-581-5270
Print Out – Complete

Name	
Billing Address	
City, State, Zip	
Cell/Phone	
E-mail	

QUANTITY	ITEMS	COST

Credit Card Number:	
Expiration Date:	
Last 3 Digits (M/C; Visa)	Last 4 Digits (Amex; Discover)
<i>Signature</i>	

Notes / Other Information / Shipping Details: