



FAX ORDER FORM

Fill in this page & Fax to us at 314-638-3200

BILL TO:

Date:

SHIP TO:

Company/Organization	[] Company/Organization	[] Residence
Address line 1:	Address line 1:	
Address line 2:	Address line 2:	
City:	City:	
State/Province & Country	Zip/Postal Code:	State/Province & Country Zip/Postal Code:
Phone:	Phone:	
Fax:	Fax:	
E-Mail:	E-Mail:	
Attention (name):	Attention (name):	
Department:	Department:	

Payment Method

Visa
 MasterCard
 American Express
 Discover
 Credit Card: _____
 Visa, MasterCard or Discover 3 digits on the back of the card ____ American Express 4-digit on the front of the card ____
 (**We must have the Verification Value/ or Validation Code in order to process a credit card payment**)

Print name on card: _____ Signature: _____ Exp. Date: _____

C.O.D.
 We will mail check. Contact us with total amount including freight.

We have an established account with BC Group. Our Purchase Order number is: _____
 New customers who wish to establish Net 30 Day terms: *Contact our accounting department for details.*

Qty.	Page #	Item #	Description	Each	Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Shipping Information

Ship via --> **FedEx** (We will ship FedEx Ground Unless otherwise specified.)
Please note, our default shipping method is signature required. We must receive authorization in writing to ship without signature. There is an extra charge to ship to a residence. There is also an extra charge to ship via UPS.

Other _____

I request delivery of product without signature required.
 Signature _____

Ground
 Overnight
 2-Day Air
 3-Day Economy
 Priority 1

Prepay & add freight to my charges
 Charge my account with chosen carrier. Acct# _____

Date Needed or Special Instructions: _____