

ASD-FAX ORDER FORM to (818)701-9220

21430 Strathern St Unit M Canoga Park, CA 91311

STEP 1-Billing and Shipping Information

Date: _____

BILL TO:	
Company	
Address	
Address	
City/State/Zip	
Name (Print)	
Title	
Telephone	() -
Fax	() -
Email	

SHIP TO (If different from bill to):	
Company	
Address	
Address	
City/State/Zip	
Name (Print)	
Title	
Telephone	() -
Fax	() -
Email	

STEP 2-Items to be Purchased

QTY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	TOTAL PRICE
SUBTOTAL				
California customers add 9 % sales tax				
SHIPPING*				
TOTAL				

*Shipping: Please state your method of shipping requested: Ground, 2 Day Air, Over Night. A detailed quote will be sent to you for pricing and availability.

STEP 3-Payment Information

METHOD OF PAYMENT		
<input type="checkbox"/> Check enclosed	Enter P.O. Number:	Authorized Signature:
<input type="checkbox"/> Bill Company		
<input type="checkbox"/> Charge to my credit card	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Expiration Date (Ex. 10/16):
Name on Card (Print):		Signature:

Credit Card Number

<div style="display: flex; justify-content: space-between;"> Enter 3 or 4 Digit Security Code (Usually on Signature Panel on Back of Card) </div>	
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