

# ORDER FORM

DATE: \_\_\_\_\_

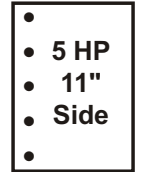
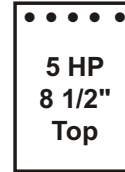
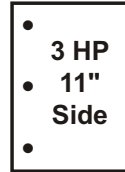
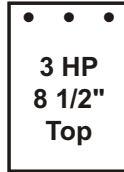
Facility Name _____
Address _____
City, State, Zip _____
Ordered by: _____
Phone Number: _____
Fax Number: _____
Purchase Order Number _____ <small>(if applicable)</small>

**24 HOUR FAX (323) 660-3322**

**PHONE (323) 660-3085 8am - 4:30pm**

**TOLL FREE PHONE (800) 750-2012**

**HOLE PUNCHING:**



**Please indicate Hole Punch preference on each line in column below.**

***IF COLUMN IS NOT MARKED, NO HOLES WILL BE***

QUANTITY	FORM #	SPECIFY COLOR <small>(if not white)</small>	TITLE OF FORM	HOLE PUNCHED <small>(see above)</small>

APPLICABLE STATE SALES TAX AND DELIVERY CHARGE WILL BE ADDED TO EACH ORDER.  
 TERMS ARE 30 DAYS NET UNLESS OTHERWISE SPECIFIED.  
 C.O.D. CUSTOMERS WILL BE ADVISED OF THEIR TOTAL AMOUNT DUE.

WE HOPE TO SERVE YOU WELL!

