

Fax Order Form

Sam's One Inc.

Please fax to: (213) 622-6340

www.samsoneinc.com

Company: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Reseller #: _____

Payment method

- Visa
- MasterCard
- Discover
- American Express
- COD (money order)

Credit Card#: _____ **Security Code*:** ___ **Expires (mm/yy):** ___/___
*last 3 digits in the signature box on the back of the card

Cardholder Name: _____ **Signature:** _____

Style #	Quantity	Size/Color/Length(if applicable)	Unit Price	Amount
UPS <input type="checkbox"/> Ground <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days <input type="checkbox"/> Next Day			Shipping Charge	
			Total	

Please note that the minimum order is USD 200. The order may take up to 2 business days to process.

Thank you for your order