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: _____ Quantity | Size/Color/Length(if applicable) **Unit Price** Style # Amount \Box Ground \Box 3 Days \Box 2 Days \Box Next Day

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

Shipping Charge Total

Thank you for your order