

Office Supplies

Customer Registration & Order Form

Credit Card Billing Information: Name: _____ Company Name: _____ Dept No: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone No. (____) _____ -- _____ Fax Number: (____) _____ -- _____ Email Address: _____	Shipping Information (if different): Name: _____ Company Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone No. (____) _____ -- _____ Special Instructions: _____ _____ _____
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PAYMENT INFORMATION: <input type="checkbox"/> Visa * Name on Card: _____ <input type="checkbox"/> MC * <input type="checkbox"/> AMEX* Card Number: _____ Expiration: _____ <input type="checkbox"/> Discover* *Security Code: _____ *Merchant 800#: _____	Sales Rep: _____
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Page No.	Item Number	Item Description	Color	Unit	Price	Qty	Amount	
MERCHANDISE TOTAL ⇨								
SALES TAX ⇨								
TOTAL ⇨								

Customer Signature: _____ Date: _____

Sales Reps may enter this order online or fax this form to **713-533-9615**. Orders received by 1:00 p.m. Local Time will be shipped next day.