

FAROUDJA TONER

FAX ORDER FORM

Please fill in completely and fax to the desired sales office below.

FAX TO: **650-593-3817**

ATTENTION (FAROUDJA TONER SALES REP.): _____ DATE _____

CUSTOMER NO _____ PHONE _____ FAX _____ P.O. NO. _____

BILL TO:

SHIP TO:

COMPANY NAME _____

COMPANY NAME _____

CONTACT _____

CONTACT _____

COMPANY ADDRESS _____

COMPANY ADDRESS _____

CITY _____

CITY _____

STATE/PROVINCE _____ ZIP _____

STATE/PROVINCE _____ ZIP _____

COUNTRY _____

COUNTRY _____

PAYMENT METHOD:

SHIPPING METHOD:

COD CHECK WIRE OTHER _____

UPS FEDEX DHL OTHER: _____

CREDIT CARD TERMS _____

GROUND 3 DAY 2 DAY NEXT DAY

EXP. DATE _____

STANDARD PRIORITY

NAME _____

BILL TO SHIPPING ACCOUNT # _____

AUTHORIZED SIGNATURE _____

| ITEM NUMBER | QTY | DESCRIPTION | PRICE |
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NOTES/SPECIAL INSTRUCTIONS _____
