FAX ORDER FORM

Complete form below and fax to (530) 529-5848

Date:_____ **PO #:** _____

BILL TO	SHIP TO (if different)
COMPANY:_____	**COMPANY:**_____
NAME:_____	**NAME:**_____
ADDRESS 1:_____	**ADDRESS 1:**_____
ADDRESS 2:_____	**ADDRESS 2:**_____
CITY:_____	**CITY:**_____
STATE: _____ **ZIP:** _____	**STATE:** _____ **ZIP:** _____
PHONE:_____	**PHONE:**_____

SHIP VIA: _____

QTY	U/M	ITEM CODE	DESCRIPTION	PRICE EA	AMOUNT
			SHIPPING CHARGES		
				TOTAL	

PAYMENT BY:

AMEX ☐ **VISA** ☐ **MASTERCARD** ☐ **DISCOVER** ☐

Card Number:_____ **Security Code:**_____ **Expiration Date**_____

For Office Use Only:

_____

_____

_____

1515 Schwab Street, Ste #A **Red Bluff, Ca 96080** **1-8-ONE-4-LITES**

4EXITS.COM **sales@4exits.com**