



# FAX Order Form

24 Hour FAX

**(203)493-8258**

Contact Name: _____	Ship To Name: _____
Company: _____	Company (if applicable) _____
Billing Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone Number : _____	Phone: _____
Fax: _____	<input type="checkbox"/> Residential Address <input type="checkbox"/> Commercial Address
Email: _____	

Select Payment Method:  American Express    Discover /Novus    MasterCard    Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_  
(AMEX = 4 digit number on front of card, all others = 3 digit number on back of card)

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Select Gift Occasion:

- |  |  |
|--|--|
| <input type="checkbox"/> Congratulations on Your New Arrival<br><input type="radio"/> Boy <input type="radio"/> Girl <input type="radio"/> Twins | <input type="checkbox"/> Wishing You A Speedy Recovery<br><input type="checkbox"/> Our Deepest Sympathy<br><input type="checkbox"/> Thank You/Appreciation |
|--|--|

Select Price-point:

- \$50.00    \$60.00    \$75.00    \$100.00    \$125.00    \$150.00    \$175.00    \$200.00

Gift Card Message:

Additional Comments and Special Instructions:

Faxed Order Date:  
\_\_\_\_\_

Tax and delivery fees will be added to your order. A paid receipt will be issued upon delivery.