Fax Form

Order any time. Use this form for your convenience.

CALL: 1-866-302-5397 **FAX: 1-920-623-9169**

Order Date: ___/___/___ **WEB: www.discountofficeitems.com**

Customer Information

Bill to: First Name: _____ Last Name: _____

Signature: _____ Company Name: _____

Phone: (___) _____ Ext: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Ship to (if address is different from above):

Contact Name: _____ Company Name: _____

Phone: (___) _____ Ext: _____ Fax: (___) _____

Address: _____

City: _____ State: _____ Zip: _____

Select Payment Method: ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

Credit Card Number: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Exp Date: ☐☐ - ☐☐ CID/Card Code: ☐☐☐☐

Your Order Information

Item #	Qty	Item Description	Price per unit	TOTAL
			Grand total	

Add 5% sales tax as a line item if ordering from within Wisconsin

Thank you for your business!