



ACCUTOME

Quick Fax Form

Customer Account # _____

Account Name _____ PO #: _____

Phone _____ Contact Person _____

Shipping Address _____

City _____ State _____ Zip Code _____

Billing Address _____

City _____ State _____ Zip Code _____

Quantity	Item #	Description	List Price	Fax Special

PLEASE FAX to 610-889-3233