



FAX ORDER FORM

ORDER ONLINE: WWW.LABELVALUE.COM
EMAIL ORDER: SERVICE@LABELVALUE.COM

STEP 1: ACCOUNT INFORMATION (PLEASE PRINT)

Purchase Order Number: _____

BILL TO: (CREDIT CARD ADDRESS)

SHIP TO: Check here if same as billing address

COMPANY: _____

COMPANY: _____

ATTENTION: _____

ATTENTION: _____

ADDRESS 1: _____

ADDRESS 1: _____

ADDRESS 2: _____

ADDRESS 2: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

TELEPHONE: () _____

TELEPHONE: () _____

FAX: () _____

FAX: () _____

EMAIL: _____

EMAIL: _____

THIS ADDRESS IS A BUSINESS RESIDENCE

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STEP 2: ORDER INFORMATION

ITEM NUMBER	DESCRIPTION	QTY.	x UNIT PRICE	= TOTAL

SUBTOTAL \$ _____

SALES TAX: (STATE SALES TAX MUST BE ADDED BY CUSTOMERS IN FL) \$ _____

STANDARD GROUND SHIPPING (CALL FOR EXPEDITED SHIPPING OPTIONS) **F R E E**

TOTAL \$ _____

STEP 3: BILLING INFORMATION

CHARGE TO: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME ON CARD: _____

CARD NUMBER: _____ **EXP. DATE:** _____

SIGNATURE ON CARD: _____ **CVV:** _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____