# Express Order

## ORDER BY FAX 1-813-666-1050

**Order 24 hours a day, 7 days a week.**

**1 BILL TO:**

Account# _____
Name _____
Company _____
Suite # _____
Address _____
City _____ State _____ Zip _____
Phone (____)_____ Fax (____)_____
Email _____

**2 SHIP TO:**

❑ Same as Bill To ❑ Ship to address below *(No P.O. Boxes)*

Name _____
Company _____
Suite # _____
Address _____
City _____ State _____ Zip _____
Phone (____)_____ Fax (____)_____
Email _____

## 3 ITEMS ORDERED:

| Item # | Qty. | Description | Color or Size | Price Each | Total Price |
|---|---|---|---|---|---|
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Subtotal

Add 7% sales tax for FL and 7% GST for Canadian Orders.

Shipping and Handling *(based on weight and location)* — *To be determined at time of shipping.*

TOTAL *(not including shipping)*

## 4 SHIPPING METHOD:

FedEx Services All orders are shipped FedEx ground and can be shipped overnight for an added expense if desired.

❑ **Check Here For Overnight Delivery** *(added expense)*

❑ Email me the tracking number

Email _____

## 5 PAYMENT METHOD:

❑ Please bill me net 30 days — P.O. # _____ *(if applicable)*

❑ Visa *(13 or 16 digits)*
❑ Master Card *(16 digits)*
❑ American Express *(15 digits)*

Exp. Date _____ / _____

Signature _____
*(signature required for credit card orders)*

*Thank you for your order!*

**ORDER BY PHONE**
**1-800-999-3161 • 1-813-501-1650**
Order toll free Monday - Friday, 8:00 A.M. until 6:00 P.M. EST

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