

Billing Information

Contact Name: _____
 Company Name: _____
 Address 1: _____
 Address 2: _____
 City, State Zip: _____
 Phone: _____
 Fax: _____
 Email: _____

Shipping Information (If Different)

Contact Name: _____
 Company Name: _____
 Address 1: _____
 Address 2: _____
 City, State Zip: _____
 Phone: _____
 Fax: _____
 Email: _____

Ship Via (Please Circle One): UPS Ground | UPS 3-Day Select | UPS 2nd Day Air | UPS Next Day Air

QUANTITY	PRODUCT	PRICE (Each)	TOTAL
<input type="checkbox"/> Pkg (100) <input type="checkbox"/> Case (2500)	NEW (08/05) CMS 1500 FORMS <input type="checkbox"/> Laser <input type="checkbox"/> 2-pt Hand Written <input type="checkbox"/> Pinfeed 1 pt 2pt 3 pt		
<p style="text-align: right;">Sub Total:</p>			
<p style="text-align: right;">Shipping: Calculate on website or call 877-766-8922</p>			
<p style="text-align: right;">Sales Tax: FL 6% - WA 8.6%</p>			
<p style="text-align: right;">Total:</p>			

Credit Card Information**

Name on Card: _____
 Card Number: _____
 Expiration Date: _____
 Signature: _____

****Please make sure billing address above is same as billing address on the credit card used.**