



3261 Grande Vista Dr.
Newbury Park, CA 91320
818.996.9944

Fax Order Form

Fax 818.654.9292

The fields marked with an asterisk (*) are mandatory. Please fill this form out and **fax it to us at 818.654.9292**. We will process your request and provide you with an order confirmation within 24 business hours.

*Purchaser's Name: _____

*Purchaser's Phone Number: _____

Please list desired items:

*Catalogue Number	*Description	*Quantity	Price

Billing Information (either Customer Number or Billing Address is mandatory):

Customer Number: _____

If a field is not applicable to you, please write "n/a" in these mandatory fields.

Billing Address

*Company: _____

*Dept.: _____ Room or office #: _____

*Street Address: _____

*City: _____

*State: _____ *Zip Code: _____

*Attention to: _____

Shipping Information

*Company: _____

*Dept.: _____ Room or office #: _____

*Street Address: _____

*City: _____

*State: _____ *Zip Code: _____

*Attention to: _____

*Payment Method (one of the below is mandatory)

PO Number: _____

Credit Card

Card Type: VISA
 MasterCard

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Quote Number (if applicable): _____

I would like to receive my order confirmation by:

E-mail: _____

Telephone: (_____) _____

Fax: (_____) _____

Additional Comments:

Thank you for placing an order with Medix!