

Fax Order Form

Please fill out this form and fax it to (415) 532-1662 or email to info@cplabsafety.com


Shipping Location And Billing Info

Ship To - Location	Bill To – Accounts Payable
Name/Attn:	Name/Attn:
Company:	Company:
Address:	Address:
City:	City:
State/ Zip:	State/ Zip:
Country:	Country:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Product Selection

Item #	Qty	Description / Size / Color / Comments	Unit Price	Total

Payment Information

Purchase Order* Account P.O. # _____ (Existing Accounts)
 Credit Card Visa / Mc / Amex # _____ (New Accounts)
 

Expires: _____ Security Code: _____

Additional CC info (if applicable)

Name On Credit Card:
Card Billing Address:
City/ State / Zip:
Phone Number:

Shipping Options

Shipping Preference: UPS Ground UPS Account # (optional) _____
 Other (please describe) _____

*Purchase orders are available for existing accounts only. If you would like to open a credit account with us, [please download our credit request form here](#). Fax it with your order form and credit references. Account setup can several days to process and can delay your order.