



# Fax Order Form

05-09-P0000

(Make copies of this form for future use)

**Customer ID:**

Date

Customer Name

Ship-To Address

Telephone Number | Fax Number

Customer E-mail Address

Optional Document Number (14 digits)

Signature of Approving/Ordering Official (Optional)

### If Paying With Government Purchase Card

### Activity Address Code

Government Purchase Card Number

Activity Address Code

Expiration Date

Access Code

### Remarks:

Will you accept a back order if an item is out of stock?  Yes  No  
*(We do not place back orders for government purchase card purchases.)*

***Fax your order  
24 hours a day!***

	GSA Part No./NSN	Quantity	Item Description	U/I	Unit Price	Extended Price
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**Fax to (800) 856-7057** *Thank you for your order!*  
*(Your order will be confirmed by fax or e-mail.)*

Estimated Total Cost

### For GSA Use Only

Store	Ticket Number	Lines	Total	Fax Back (Date/Time/Initials)
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