



GSA Global Supply Fax Order Form

Customer Name _____

Ship To Address _____

Date _____

Telephone Number _____

Fax Number _____

Optional Document Number (14 digits) _____

Signature of Approving/Ordering Official (Optional) _____

If Paying With Credit Card

Credit Card Number _____

Expiration Date _____

Activity Address Code

Activity Address Code _____

Access Code _____

Remarks:

Will you accept a backorder if an item is out of stock? Yes No
(We do not place backorders for credit card purchases)

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

	Item Number (last 7 digits of NSN)	Quantity	Item Description	U/I	Unit Price	Extended Price
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Fax to 1-800-856-7057 *Thank you for your order!*
(Your order will be confirmed by fax.)

Estimated Total Cost _____

For GSA Use Only

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