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 Benton, AR 72015
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FAX ORDER FORM

BILLING INFORMATION:

SHIPPING INFORMATION:

P.O. Number:	Company Name:
Company Name:	Contact/Title:
Buyer's Name:	Street Address:
Street Address:	City/State/Zip:
City/State/Zip	Phone:
Phone:	<input type="checkbox"/> Check here if billing address is the same as shipping. Notes:
Fax:	
Email:	

ORDER INFORMATION:

Qty	Item #	Description	Price per Item	Total Amount

METHOD OF PAYMENT

___ Visa ___ Discover
 ___ MC ___ AMEX

*Tax Only
 if Applicable

Subtotal	
*Tax	
Total	

CARD# _____ EXP DATE _____ CVC# _____

Signature _____

Fax to 501-728-0188

Thank you for your order!