

**FAX ORDER FORM**

Please make copies of this form. Fax completed form to ESS at 1-800-625-6095.

ACCT #: \_\_\_\_\_

DATE: \_\_\_\_\_

PO #: \_\_\_\_\_

BILL TO: \_\_\_\_\_

NEED BY: \_\_\_\_\_

\_\_\_\_\_

ORDERED BY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

SHIP TO: \_\_\_\_\_

FAX #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

CONTACT: \_\_\_\_\_

QUANTITY	ITEM #	DESCRIPTION	QTY/CS	PRICE/CS

COMMENTS/OTHER: \_\_\_\_\_

\_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

ESS CONFIRMATION #: \_\_\_\_\_

