

www.TGW.com
Fax Order Form

Instructions: Fill this form out Completely and fax to: 316-838-5557 Please provide an e-mail for confirmation of your order.

First Name: _____ Last Name: _____

Day Phone: () _____ E-mail Address: _____

Billing Address

This address MUST match the address of your credit card.

Company: _____

Line 1: _____

Line 2: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Shipping Address Same:

Company/Person: _____

Line 1: _____

Line 2: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Credit Information

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Item Information

| <u>Quantity</u> | <u>Description</u> | <u>Specifications</u> | <u>Price</u> |
|-----------------|--------------------|-----------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Shipping Method: _____

Notes: _____
