ACCUTOME

Quick Fax Form

Customer Account #_____

Account Name_____**PO #:** _____

Phone_____**Contact Person**_____

Shipping Address_____

City_____ **State**_____ **Zip Code**_____

Billing Address_____

City_____ **State**_____ **Zip Code**_____

Quantity	Item #	Description	List Price	Fax Special

PLEASE FAX to 610-889-3233

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