Fax / Mail Order Form

P.O. Box 20969
Greenfield, WI 53220

Fax this form to 1-414-546-1797
www. boxesandbags.com
sales@boxesandbags.com

Ordered By: **Acct #**_____

Name: _____

Address:_____

City: _____ **State**:_____ **Zip**:_____

Phone: (DAY) _____ **(EVE)**_____

Fax: _____**E-mail**:_____

Credit Card Payment Information

Name on Card:_____

Billing Address_____

City, State, Zip_____

Ship to Address

Commercial Address. □ **Residential Address.** □

Company:_____

Name:_____

Address:_____

Address:_____

City:_____**State:**_____**Zip:**_____

Phone: _____**Fax:** _____

We will call you to confirm your order. You can provide us with your Credit Card number at that time. Please provide a number we can contact you at:

Daytime Phone:_____

Free Samples	*Stock Number*	*Product Description*	*Qty*	*x Unit Price*	*= Total*

Photocopy This Form