

FAX ORDER FORM

ORDERED BY / BILL TO:

Name: _____
 Company Name: _____
 Account #: _____
 Street Address: _____
 City: _____ State: __ Zip: _____



Your Local **OFFICE PROS** Dealer

FAX 24 hours a day/7 days a week!

DELIVER TO:

Name: _____
 Company Name: _____
 Account #: _____
 Street Address: _____
 City: _____ State: __ Zip: _____

Today's Date:	PO #	Phone #	Fax #	Tax ID

Page #	Item #	Units	Description	Quantity	Unit Price	Total

PAYMENT METHOD
 OPEN ACCOUNT (per prior arrangement)
 CHARGE TO
 Visa MasterCard Discover Am. Express
 Month: ___ Year: ___ Card Expiration Date Required

 Card Account Number

MERCHANDISE TOTAL	
APPLICABLE SALES TAX	
TOTAL	

Government Impact Cards Accepted.

_____ Customer Signature Required (For credit card orders only)

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 Toll Free: 800-237-3995
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