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FAX ORDER FORM

Please complete and fax to 424-757-6045. Orders must be complete, including payment and authorized signature, to be processed.

			Today's date	Ordered by		
Billing Address			Shipping Address			
Name			Name			
Company Name			Company Name			
Address			Address			
City, State		Zip/Postal Code	City, State	Zip/Postal Code		
Phone		Email Address	Phone	i		
			<u> </u>			
Quantity	Item #	Description		Unit Price	Subtotal	
Select shipping *If free shipping de	method:	UPS Ground UPS 2-Day [ipping charges will be added to the o	UPS Next Day Pick up rder based on standard UPS rates.	Total* \$		
Payment Information			Authorized Signature			
Payment type (check or Visa Discover	☐ Mast	erCard PayPal rican Express	my credit card for the abov	*** I hereby authorize Clear Choice Distribution to charge my credit card for the above total amount listed, as well as any additional amount including shipping and handling fees		
Name, as it appears on	Credit Card OR Pay	ypal email address	or resulting from miscalculation of totals. ***			
Credit Card Number			Account Holder Signature	Account Holder Signature		
Credit Card Expiration (N	MM/YYYY)	Security Code (Back of Card)	Date	Date		