

Watchfaces-charms.com Fax Order Form

Please print this sheet off and print in your details clearly and then fax it to us 203-262-9222

If any of the below required fields are not filled in your order will not be processed. * indicates Required

Company Name		* Credit Card Number - we accept Visa / MC
First Name *		<input style="width: 100%;" type="text"/>
Last Name *		* Expiry Date eg. 05/2005 <input style="width: 100%;" type="text"/>
Street Address *		* Full Name As Printed On Credit Card
City *		<input style="width: 100%;" type="text"/>
State *		* Signature
Country *		<input style="width: 100%;" type="text"/>
Zip Code *		Type of Business
Phone Number *		<input style="width: 100%;" type="text"/>
Fax Number		How Did You Hear About Us
Email Address		<input style="width: 100%;" type="text"/>
		Best Days to Contact You
		<input style="width: 100%;" type="text"/>

	Part / Style #	Quantity	Description	Price	Total \$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Grand Total					<input style="width: 100%;" type="text"/>

If you require more spaces for order entry, simply print off the number of pages you require. Please each are identified with your contact information and the order includes the total number of pages.

page ___ of ___

Ordering Quantities Must follow guidelines from website.

I have read and agree to the ordering policies outlined on the website [yes] please initial _____

Please select your preferred shipping method. Shipping Charges will be added to your total invoice.
 Ground Shipping 2-7 Days ___ UPS 3 Day Air ___ UPS 2nd Day Air ___
 Overseas /Int. Airbourne DHL ___