

## The Cartridge Guy Order Form

Please print this form and fax to (623) 572-4435

### **\*\* Required Fields**

Name:\*\* \_\_\_\_\_  
Company:\*\* \_\_\_\_\_  
Address:\*\* \_\_\_\_\_  
City:\*\* \_\_\_\_\_ State:\*\* \_\_\_\_\_ Zip Code:\*\* \_\_\_\_\_

Daytime Phone:\*\* \_\_\_\_\_  
E-Mail:\*\* \_\_\_\_\_  
Fax: \_\_\_\_\_

How did you hear about us?:\*\* \_\_\_\_\_

<u>Item</u>	<u>Description</u>	<u>Qty.</u>	<u>Price</u>	<u>Total</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: \_\_\_\_\_  
Sales Tax 8.1% (AZ Only): \_\_\_\_\_

\_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Discover    \_\_\_\_\_ American Express

Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Exact Name on Card: \_\_\_\_\_  
3 Digit Code on Back of Card: \_\_\_\_\_

Thank you! We appreciate your business.