



FAX ORDER FORM

Please fill out this entire form and fax it to (310) 318-3629.

CUSTOMER INFORMATION

BILLING INFORMATION

First Name _____
Last Name _____
Address _____
Address (cont'd) _____
City _____
State _____
Zip Code _____
Telephone _____
Email Address _____
Credit Card Type _____
Credit Card No. _____
Expiration Date _____

SHIPPING INFORMATION (if different from Billing Information)

First Name _____
Last Name _____
Address _____
Address (cont'd) _____
City _____
State _____
Zip Code _____
Telephone _____

Check this box and sign below to verify that you are 21 years of age or older.

Signature

Date

