MOLDERS CHOICE, INC.™

FAX ORDER FORM 1-877-519-4800

Company Name: _____

Contact Name: _____ **Phone:** _____

Date: _____ **Total No. Pages Sent:** _____
(Including cover sheet if any)

1. Complete Shipping and Billing Information

SHIP TO:

Name: _____

Company: _____

Address: _____ P.O. Box _____

City: _____ State: _____ Zip: _____

Phone: (___) _____ Fax: (___) _____

BILL TO: Same as above ☐

Name: _____

Company: _____

Address: _____ P.O. Box _____

City: _____ State: _____ Zip: _____

Phone: (___) _____ Fax: (___) _____

2. Complete Payment Information

☐ **OPEN ACCOUNT ORDERING:**
Purchase order number _____

☐ **NEW ACCOUNT:**
Please send three credit references to establish an open account

TYPE OF PAYMENT:

☐ OPEN ACCOUNT ☐ C.O.D.

☐ AMERICAN EXPRESS ☐ VISA ☐ MASTERCARD

If ordering by credit card, please provide us with name & address of card holders.

Name: _____

Company: _____

Address: _____ P.O. Box _____

City: _____ State: _____ Zip: _____

Phone: (__) _____ Fax: (__) _____

Credit Card Number : _____

Exp. Date: _____

3. List Products

PAGE	ITEM	NUMBER	QTY.	PRICE EACH	TOTAL PRICE

TOTAL MERCHANDISE VALUE _____

For Assistance in completing this form Call 1-800-809-4623