

# fabco®

Fax Completed Order Blank to First Aid Bandage Company – (860) 442-8699

or

Scan and Send to CUSTOMERSERVICE@FABCO.NET

<b>SOLD TO: (ID #: _____)</b>	<b>BILL TO: (ID #: _____)</b>	<b>SHIP TO: (ID #: _____)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>NEW CUSTOMER INFORMATION</b>	<b>ACC'TS PAYABLE CONTACT:</b>	<b>CONTACT'S PHONE #:</b>
		<b>CONTACT'S FAX #:</b>

<b>ORDERED BY*</b>	<b>CUSTOMER'S PO #</b>	<b>REQUESTED DATE</b>	<b>OUR SALES ORDER #</b>
<b>Tel #*:</b>			

PRODUCT CODE	QUANTITY	DESCRIPTION	UNIT PRICE
		DROP SHIP FEE (\$25.00) OR, EXPEDITE FEE (\$15.00) (IF APPLICABLE)	
		EXPRESS SHIPPING COST (IF APPLICABLE)	

CREDIT CARD:  VISA  MASTER CARD \* **REQUIRED INFORMATION FOR CREDIT CARD SALES**

**CARD NUMBER\*:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EXPIRATION DATE\*:** \_\_\_\_\_ **CSV SECURITY CODE\*:** \_\_\_\_\_

**NAME ON CARD\*:** \_\_\_\_\_

**CARD BILLING ADDRESS\*:** \_\_\_\_\_

**CARD BILLING CITY & STATE\*:** \_\_\_\_\_

**CARD BILLING ZIP CODE\*:** \_\_\_\_\_



<b>SHIPPING INSTRUCTIONS:</b> (CIRCLE DESIRED METHOD OF SHIPPING)	<b>OVERNIGHT</b> 8 AM / PRIORITY / STANDARD (ADD EXPEDITE AND SHIPPING CHARGES)	<b>EXPRESS</b> 2 <sup>ND</sup> DAY / 3 <sup>RD</sup> DAY (ADD EXPEDITE AND SHIPPING CHARGES)	<b>GROUND</b> (FREE SHIPPING CHARGES WITHIN 48 CONTIGUOUS STATES)
	<b>DROP SHIP INFORMATION</b> (ADD DROP SHIP FEE)	REFERENCE THIS P/O # ON PACKING LIST	OTHER