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

*or  
Scan and Send to CUSTOMERSERVICE@FABCO.NET*

|  |  |  |
| --- | --- | --- |
| **Sold to: (ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )** | **Bill to: (ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )** | **Ship to: (ID #:)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- | --- | --- |
| **New Customer Information** | **Acc'ts Payable Contact:** | **Contact’s Phone #:**  **Contact’s Fax #:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ordered By\*** | **Customer's PO #** | **Requested Date** | **Our Sales Order #** |
| **Tel #\*:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Shipping Instructions:  (Circle Desired Method of Shipping) | OVERNIGHT  8 AM /Priority / Standard  (Add Expedite and Shipping Charges) | EXPRESS  2nd Day /3rd Day  (Add Expedite and Shipping Charges) | GROUND (Free Shipping Charges within 48 Contiguous States) |
| Drop Ship Information  (Add Drop Ship Fee) | Reference This P/O #  on Packing List | Other | |