



Adapters-Plus Inc.

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Fax Order Form

Fax to: (209)839-0235

Please print clearly. * is required for placing order.

Parts to Order*:

Part Number	Quantity	Unit Price	Total

Name*: _____ Company: _____

Email*: _____ For Resale? NO, or Resale#: _____

Phone #: __ (____) _____ Fax #: __ (____) _____

Payment Type*:

____ Visa  _____ MasterCard  _____ Amex 

Today's Date: _____ Card Issuer*: _____
(Bank name on card)

Card Number*: _____ Cardholder's name*: _____
(Exact name that appears on the card)

Expiration Date*: _____ Date which appears on the credit card security code:

Authorized Signature*: _____
(Cardholders Authorized Signature)

Billing Address*: _____
(Exact address where credit card statements are sent) (Street Address)

City State Zip Country

Ship to Address*: _____
(Street Address)

City State Zip Country

Shipping Method*:

- Standard UPS Ground UPS Overnight UPS 2nd Day Air
- FedEx Standard Overnight
- International -

Special Instructions:
