



FAX ORDER FORM

FAX ORDER FORM TO 419-335-2240

Corporate Office
 1300 Howard St.
 Lincoln Park, MI 48146
 Tel: 313-383-5690

1299 N. Shoop Ave.
 Wauseon, OH 43567
 Tel: 419-335-2220

435 S. Union St.
 Bryan, OH 43506
 Tel: 419-636-5027

Baker's Ace Hardware
 905 N. Dixie Hwy
 Monroe, MI 48162
 Tel: 734-241-8959

Billing Address: (Same as your credit card)	Shipping Address: <input type="checkbox"/> Same as Billing Address
Name:	Name:
Company Name: (If applicable)	Company Name: (If applicable)
Address:	Address:
Address 2: (Suite, Floor, Apt #)	Address 2: (Suite, Floor, Apt #)
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
Fax #:	Email:

Payment Method																								
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Charge Account # _____																								
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Issuing Bank Phone # on back of card _____ Credit Card Number: (One Digit Per Box) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table> Expiration Date: (MM/YY) <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Security Code: (CVV Code) <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																			/					
		/																						
Signature: _____ <div style="text-align: right;">(required for all transactions)</div> I have read the return policy posted on the website and agree to the terms.																								

Item SKU	Description	Options (Size)	Qty.	Unit Price	Total
Merchandise Total					
<input type="checkbox"/> TAX EXEMPT ID# _____ (OH Residents add 6.5% - MI Residents add 6%) Sales Tax					
Shipping					
ORDER TOTAL					