

Fax Order Form

Fax to: (714) 632-8459 4071 E. La Palma Ave., # B, Anaheim, CA 92807, USA

Please print clearly. * is required for placing order. For Terms of Sales information, please check (http://www.epboard.com/econtact/termsofsale.htm).

Parts to Order*:

Part Number	Quantity	Part Numb	er Quantity
Name*:		Company:	
Email*:		For Resale? 🗖 NO, o	r Resale#:
Phone #*:() Payment Type*:		Fax #:()	
Visa	MasterCard	Discover	Amex
Today's Date:	Card	d Issuer*:(Ban	sk name on card)
Card Number*:	Card	dholder's name*:(Exact	name that appears on the card)
Expiration Date*:		(Date w	which appears on the credit card)
Authorized Signature*: _		(Cardholders Authorized Sign	nature)
Billing Address*: (Exact address where credit card statements are sent)		(Street Address)	
	City	State	Zip Country
Ship to Address*:		(Street Address)	
Shipping Method*:	City	State	Zip Country
☐ Standard ☐ UP ☐ FedEx Standard Ov ☐ International - US	ernight 🗖 US F	riority Mail	3 2nd Day Air
Special Instructions:			