



# Fax Order Form

Fax: 1-501-421-5085

**Billing Address:**

**Company Name:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone Number:** (     ) \_\_\_\_\_

**Fax Number:** (     ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Shipping Address: (if different from billing address)**

**Company Name:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone Number:** (     ) \_\_\_\_\_

**Fax Number:** (     ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**P.O. / Ref. No.** \_\_\_\_\_

Part Number	Description	Quantity	Unit Price	Total

**Purchaser's Name: (Please Print)** \_\_\_\_\_

**Signature of Authorized Purchaser:** \_\_\_\_\_

**Method of Payment:** \_\_\_\_\_

**Cardholders Name:** \_\_\_\_\_

**Phone Number:** (     ) \_\_\_\_\_

**Please charge my:**  MasterCard  Visa  American Express  Discover

**Credit Card Type:**  Company  Personal

**Acct No.** \_\_\_\_\_ **Exp.** \_\_\_\_/\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_

Subtotal	
Tax (NY & NJ only)	
Total (excluding shipping charges)	

**Required Shipping\***

**Next Business Day**

**2nd Business Day**

**Within 1 week**

**Within 2 weeks**

**\* Shipping Charges will be added and advised.**

**Portable Technology Solutions, LLC  
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1-877-640-4152**