



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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Contact Sales at:
1-877-640-4152**