FAX ORDER FORM

ORDERED BY / BILL TO:

Name:_____
Company Name:_____
Account #:_____
Street Address:_____
City:_____ State:___ Zip:_____

DELIVER TO:

Name:_____
Company Name:_____
Account #:_____
Street Address:_____
City:_____ State:___ Zip:_____

B&B OFFICE PRODUCTS

Your Local **OFFICE PROS** *Dealer*

FAX 24 hours a day/7 days a week!

Today's Date:	PO #	Phone #	Fax #	Tax ID

Page #	Item #	Units	Description	Quantity	Unit Price	Total
					MERCHANDISE TOTAL	
					APPLICABLE SALES TAX	
					TOTAL	

PAYMENT METHOD

☐ OPEN ACCOUNT (per prior arrangement)

CHARGE TO
☐ Visa ☐ MasterCard ☐ Discover ☐ Am. Express

Month:____ Year:____ Card Expiration Date Required

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Card Account Number

_____
Customer Signature Required (For credit card orders only)

Government Impact Cards Accepted.

B & B Office Products, Inc
534 Cedar Point Blvd.
PO Box 1680
Swansboro, NC 28584

Phone: 252-393-6282
Toll Free: 800-237-3995
Fax: 252-393-6285