SJD.com Inc.

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FAX ORDER FORM

BILLING INFORMATION

COMPANY: _____
NAME: _____
ADDRESS: _____
_____
_____
TEL: _____
*RESALE CERTIFIATE NO: (N. J. STATE CUSTOMER ONLY)

PAYMENT INFORMATION

CREDIT CARD: _____
CARD NO.: _____
SECURITY CODE: _____
EXP. DATE: _____
EMAIL: _____
_____

SHIPPING INFORMATION

COMPANY: _____
NAME: _____
ADDRESS: _____
_____
_____
TEL: _____

DOMESTIC: UPS
_____ NEXT DAY
_____ 2ND DAY
_____ 3 DAY
_____ GROUND

INTERNATIONAL: USPS
_____ EXPRESS MAIL SERVICE

ITEM	DESCRIPTION	SIZE	QUANTITY	PRICE	TOTAL

SIGNATURE: _____ **DATE** _____