

## FAX ORDER FORM AT FAUCETLINE.COM Fill in all fields, print this page and fax to 516-908-4879

SHIP TO	BILL TO (If Different From Ship To)
Company Name	Company Name
First Name	First Name
Mid Name	Mid Name
Last Name	Last Name
Address	Address
City	City
State	State
ZIP	ZIP
Phone	Phone
Email	Email
	1.

Item No	Qty	Item Description	Finish	Price Each	Total Price
				Sub-Total:	
				Shipping:	
			If Shipping to NY State Add 8.375%		
				TOTAL:	

	CREDIT CARD INFO		
* By submitting this form, I signify that I have read and agree to be bound by the	, .	MasterCard - Visa - Amex - Discover -	
Shipping Policies & Privacy Policy of FaucetLine.com. I agree to pay the total amounts,	Card Number:		
	Exp. Date:		
including all shipping and merchandise costs specified	Verification Number:		
herein.	Name on Card:		
	Date:		
	Signature*:		