Fax to: (714) 871-4591

Telephone: (714) 871-4966

jack·x·change
WWW.JACKXCHANGE.COM

Name: _____ Telephone: _____

Company Name: _____ Telephone: _____

Address: _____

City/State/Zip Code: _____

Ship To Address: _____

Ship To City/State/Zip Code: _____

email address: _____ Fax number: _____

Item Number:	Item Description / Part for Machine...:	Quantity:	Price Each:	Total for Item:
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
	Total Quantity:		Total before shipping charge	$

Method of Payment

shipping charges to be determined and communicated to buyer before order is fulfilled.

Cashier's Check or Money Order

Visa MasterCard

Expiration date: M M Y Y

Credit Card Number

Company Purchase Order

_____

Print Name on Credit Card: _____ Signature: _____

For office use

Merchandise total $ _____

Sales tax $ _____

Total shipping $ _____

GRAND TOTAL

$ _____

VISA® MasterCard®