

Versitron Fax Order Form  
Please Complete and Fax to 302-894-0624

Model #	Product Name	Quantity	Price

Sub-Total: \_\_\_\_\_

Shipping: \_\_\_\_\_

**\*\*Total:** \_\_\_\_\_

**\*\*Note Versitron will calculate your shipping costs based on your choices below and contact you with shipping costs plus your total amount due\*\***

Ship Via:

- UPS Next Day Air \_\_\_\_\_
- UPS 2<sup>nd</sup> Day Air \_\_\_\_\_
- UPS 3 Day Select \_\_\_\_\_
- UPS Ground \_\_\_\_\_

Bill To:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province\_\_\_\_\_

Zip/Postal Code\_\_\_\_\_

Country:\_\_\_\_\_

Ship To (if different):

First Name\_\_\_\_\_

Last Name\_\_\_\_\_

Email Address\_\_\_\_\_

Phone Number\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_

State/Province\_\_\_\_\_

Zip/Postal Code\_\_\_\_\_

Country:\_\_\_\_\_

Credit Card (circle one):

- American Express
- Master Card
- Visa

Name on Card (please print)\_\_\_\_\_

Card Number\_\_\_\_\_

Expiration Date\_\_\_\_\_

AVS/Security Code\_\_\_\_\_