

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 2nd 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_____