WholesaleScarvesUSA.com Fax: 1-929-226-8221 **Order Form**

Company Name: ______________________________ Tax ID: ________________________________

Phone:____ Fax:___________________________________

Model No.	Qty	Model No.	Qty	Model No.	Qty	Model No.	Qty	Model No.	Qty

Billing Information

Name:____

Address:____

City:______________________________ **State:**__________ **Zip:**__________

Phone:____

Card Type: [ ]VISA / [ ]MC / [ ] DISCOVER / [ ] AMEX

Card #:____

Exp. Date: _________/_________ **CVV #:**____________

ShipTo:

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Customer Signature:

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