

# FAX ORDER FORM



Date:

## Ordered By/Billing Contact

Company:

Address:

State/Province:

Zip/Postal Code:

Phone:

Fax:

Contact Name:

*ImageVision, Inc*  
 1650 Hausmann Gin Rd.  
 La Grange, TX 78945-5924  
 USA  
 Phone: 888-664-6762  
 Fax: 888-664-6761  
 Email: [consoles@imagevisionconsoles.com](mailto:consoles@imagevisionconsoles.com)  
[www.imagevisionconsoles.com](http://www.imagevisionconsoles.com)

## Deliver To

Company:

Address:

State/Province:

Zip/Postal Code:

Phone:

Fax:

Contact Name:

Approval to charge this credit card:

Signature: \_\_\_\_\_

Item Catalog #	Description	Quantity	Unit Price	Amount

<b>Sub-total</b>	
<b>Add Sales Tax</b>	
<b>Grand Total</b>	

## Payment

- Check payable to
- Credit Card
  - American Express; currently not accepted
  - Mastercard
  - Visa

If located in TX, CA, NY & NC;  
 or FAX Exemption Certificate

Card Number:

Expiration Date:

Cardholder Name:

Data is not secure  
 if sent via normal e-mail  
 Please Return Fax to: 888-664-6761

## Internal Use Only

Order Completed:	
Ship Date:	