FAX ORDER FORM

Please complete and fax this form to the desired UniNet Regional Sales Office below.

ATTENTION: (UNINET SALES REP.) _____ DATE: _____

UNINET CUSTOMER ID #: _____ PHONE: _____ FAX: _____ P.O. #: _____

BILLING INFORMATION

COMPANY NAME _____

CONTACT _____

COMPANY ADDRESS _____

CITY _____

STATE/PROVINCE _____ ZIP _____

COUNTRY _____

SHIPPING INFORMATION

COMPANY NAME _____

ATTENTION _____

SHIPPING ADDRESS _____

CITY _____

STATE OR PROVINCE _____ ZIP _____

COUNTRY _____

PAYMENT METHOD

☐ COD ☐ CHECK ☐ WIRE ☐ OTHER: _____

☐ CREDIT CARD ☐ TERMS: _____

CREDIT CARD ACCT. # _____

EXP. DATE _____

NAME _____

AUTHORIZED SIGNATURE _____

SHIPPING METHOD

☐ UPS ☐ FEDEX ☐ DHL ☐ OTHER: _____

☐ GROUND ☐ 3 DAY ☐ 2 DAY ☐ NEXT DAY

☐ STANDARD ☐ PRIORITY

☐ BILL TO SHIPPING ACCOUNT # _____

ITEM NUMBER	QTY	DESCRIPTION	PRICE

SPECIAL INSTRUCTIONS

UNINET SALES & DISTRIBUTION OFFICE FAX NUMBERS

U.S. WEST COAST
Fax + 1-424-675-3400

U.S. EAST COAST
Fax + 1-888-791-9188

INTERNATIONAL
Fax + 1-424-675-3404

CANADA
Fax + 1-866-935-8120

EUROPE
Fax + 34-93-741-4166

UNITED KINGDOM
Fax + 44 (0) 1256-814445

PHILIPPINES
Fax + 63-2-5843150

ARGENTINA
Fax + 54-11-4574-3706

BRAZIL
Fax + 55-11-4822-3353

MEXICO
Fax + 52-722-319-4791

COLOMBIA
Fax + 57-1-4185094

VENEZUELA
Fax + 58-241-824244

PERU
Fax + 51-1-471-9272

UniNet®
www.uninetimaging.com