FAX FORM

ORDER ANY TIME, DAY OR NIGHT. USE THIS FORM FOR YOUR CONVENIENCE.

(Be sure to make extra copies for future orders.)

CALL 303-781-2270 **FAX** 303-781-2290

DIRECT LANDSCAPE SUPPLY

Order Date: ☐☐ – ☐☐ – ☐☐

CUSTOMER INFORMATION

Bill to: First Name: _____ Last Name: _____

Signature: _____ Company Name: _____

Phone: ( ) _____ Ext.: _____ Email: _____ @ _____

Address: _____

City: _____ State: _____ Zip: _____

Ship to (if address is different from above):

Company Name: _____ Contact Name First: _____ Last: _____

Phone: ( ) _____ Ext.: _____ Fax: ( ) _____

Email: _____ @ _____ Address: _____

City: _____ State: _____ Zip: _____

☐ MasterCard ☐ Visa ☐ Discover ☐ Amex

Card Number _____ Expiration Date ☐☐ – ☐☐ CID/Card Code ☐☐☐☐ PO# (not required) _____

YOUR ORDER INFORMATION

Page #	9-digit Item #	Quantity	Item Description	Price (each)	TOTAL

Special delivery instructions: _____

Subtotal _____

Local Sales Tax _____

Grand Total _____

100% SATISFACTION GUARANTEE. THANK YOU FOR YOUR BUSINESS! (A)