

Fax Order Form

Client's Na	ame and Address	Date of Event:				
		Location:				
		Event Time:				
Cardholde	er's Name and Address	Set-Up □	Delivery			
		Pick-Up □	Ship			
		How did you hear a	How did you hear about Cover Ups?			
Home Phone Office Phone		Type of event & Co	ordinator			
() ()		Type of event & oc	ordinator			
Cell Phone Fax ()		# Guests	# Guests			
E-mail		Credit Card #				
Quantity		Description		Price Ea	Ext	
				1 1100 = 4	_A.	
Special In	structions:					
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Fax to: 770-777-7483