



# Express Order Form

640 Herman Road, Suite 5  
 Jackson, New Jersey 08527 USA  
 Phone: 732-928-1000 Fax: 732-928-1228  
 sales@express-inc.com - www.express-inc.com

Form ESP640-WOF

## Billing Address:

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

## Payment Method: (Visa, MC, Amex accepted)

Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Name On Card: \_\_\_\_\_  
 Security Code: \_\_\_\_\_  
 (The security code is a 3 or 4 digit code on the back of the card.)  
 To use a PO#, please provide information below  
 Customer# \_\_\_\_\_ PO# \_\_\_\_\_

## Shipping Address: (Same as above )

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

## Shipping Method:

Standard Ground  3-Day  2-Day  Overnight  
 Other \_\_\_\_\_  
 To use your own freight account, please provide account number  
 \_\_\_\_\_

Item#	Qty.	Description	Price	Ext. Price
<b>Total Amount</b>				

Please email or fax completed form using Express contact information above.  
 In-stock items will be processed within one business day.  
 Shipping costs will be added when Express processes the order.  
 Tax (7%) will be added to orders billing or shipping to New Jersey, unless a valid reseller's certificate is provided.  
 Express will email or fax your invoice when processed.