

ORDER FORM

Thank You for the Order. Please complete this Order Form and then either email or fax this back to Flairline.

Fax number is: 248-478-3321

Email to: mwsaigh@flairline.com

Company Name _____
Address _____
City _____ State _____
Postal Code _____
Email: _____
Phone: _____

PRODUCT REQUESTED:

SHIP TO:

Company _____
Attention of: First Name _____ Last Name _____
Address: _____
City _____ State _____
Postal Code _____ Country _____
Phone: _____

SHIPPING METHOD:

____ UPS Ground ____ UPS 2nd Day Air ____ UPS Next Day Air

CREDIT CARD INFORMATION: VISA or Master Card only

Credit Card No: _____
Name on Card _____
Expiration Date Mo. _____ Yr _____
Code No. _____ 3 digit No. _____