FAX ORDER FORM
Bergeron Products Innovations

Company Name:	**Ship To:**
Address:	**Address:**
City:	**City:**
State:	**State:**
Zip:	**Zip:**
Telephone #: **Fax#:**	

P.O. DATE	REQUISITIONER	SHIP VIA	F.O.B. POINT	TERMS

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
			tax	
			Shipping	
			Sub Total	
			TOTAL	

CREDIT CARD INFORMATION

PAYMENT METHOD:	**Credit Card**:	Name on Card:
__ credit card __ check __ money order __ terms	___ Visa ___ Master Card ___ American Express ___ Discover	Address of card holder: City_____ State_____ Zip_____ Card Number: Expiration: CCV Number

1. CCV # are the last 3 numbers after your card numbers on the back of your credit card.
2 BPI will enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3 Please notify us immediately if there are any unusual shipping request.
4 All shipping charges will be added after order is received and you will be contacted with total price for invoice.

Authorized by

Send Fax to:

BPI/EPD
8132 Firestone Blvd., Suite #824
Downey, CA 90241
323-312-9449
Fax 714-203-1644
www.steadyvolt.com

Date