SPORTSMITH Easy Order Fax Form

Please photocopy this form and fax to: 918-307-0216

FOR CONVENIENT ONLINE ORDERS GO TO WWW.SPORTSMITH.COM

Customer Number: _____

Date: _____ P.O.# _____

Bill To:

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: ( ) _____

Fax: ( ) _____

E-Mail: _____

Complete if different from "Bill To"

Ship To:

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: ( ) _____

Fax: ( ) _____

E-Mail: _____

Delivery Instructions: _____

Service Requested:

☐ Next Day ☐ 2nd Day ☐ 3rd Day ☐ Ground 5–7 Business Days

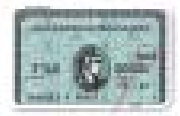
☐ Ship Complete ☐ Ship Partial

Important: Incomplete forms will result in orders not being processed.

Method of Payment:

☐ VISA ☐ MasterCard ☐ ☐ DISCOVER ☐

American Express



4-Digit Security Code

Visa, MasterCard, Discover

3-Digit Security Code

Credit Card Account #: _____ Exp. Date: _____ Security Code: _____

Credit Card Billing: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit card orders will receive invoice itemizing charges to credit card for parts and shipping.

Your Order:

	Page #	Part Description	Part #	Qty		Price	Total
1.					@		
2.					@		
3.					@		
4.					@		
5.					@		
6.					@		
7.					@		
8.					@		
9.					@		
0.					@		

Shipping cost is based on order/package weight, delivery zip code, and type of shipping (1,2,3-Day, Ground). SPORTSMITH will E-mail you with your total including shipping.

Total Items Ordered: _____ _____

Sales Tax (OK residents add 8.517%): _____ _____

Shipping (additional): _____ _____

Subtotal: _____ _____

Any Questions?
Call us toll-free at 800-713-2880