

MultiPointInspectionForms.com Order Form

Ordered By: _____ Ship To: _____ Same As Ordered By

Company Name _____ Company Name _____

Contact Name _____ Contact Name _____

Address _____ Address _____

City _____ City _____

State _____ ZIP _____ State _____ ZIP _____

Phone Number _____ Ext. _____ Phone Number _____ Ext. _____

Fax Number _____ Fax Number _____

E-Mail _____ E-Mail _____

PO # for Order _____ Type of Business Car Dealer Powersports Repair

Item #	Description	Color	Quantity	Price Per Item	Total

Method of Payment	Subtotal
<input type="checkbox"/> Check (Payable to A Plus Business Forms) <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Sales Tax (For WI and OK only)
Card # _____ Exp. Date _____	Shipping & Handling
Name of Cardholder _____	Order Total
Authorized Signature _____	

FAX TO: 1-800-755-4220 MultiPointInspectionForms.com