ChiroCity.com

One Stop Shopping!

COPY OUR CONVENIENT FAX ORDER FORM

1 Bill To:

Customer Account Number _____

Customer Account Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Fax (____) _____

Your Name _____

2 Ship To: ❑ Check here if same as above

Customer Name _____

Attention _____

Department _____

Address _____

City _____ State _____ Zip _____

3 Method of Payment:

❑ Visa ❑ C.O.D.

❑ Mastercard ❑ Discover

❑ American Express ❑ Check By Fax (see botom of page)

Card Number _____ Expiration _____

Signature _____

4 Fax To:

256-245-3838 Fax orders are received 24 hours a day

Thank You!
We appreciate your order!

Item No.	Quantity	Description	Price	Total

Upon review of your faxed order, we will add appropriate taxes and shipping charges

Check By Fax also available. Just make a photo copy of your check and fax it. No need to mail your check. Once funds are cleared your item will ship.