



# FAX ORDER FORM

3663 Lee Road #433 Jefferson Valley, NY 10535  
 Toll Free: 866-EXITOUT (394-8688)  
 email: sales@resculite.com  
 www.resculite.com

**FAX COMPLETED ORDER FORM TO:**  
**914.245.2283**

Bill to information **MUST** be as it appears on your credit card billing statement  BUSINESS  RESIDENCE

**BILL TO:**

Company \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_ Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 \_\_\_\_\_ email (optional) \_\_\_\_\_

**SHIP TO (if different):**

Company \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_ Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 \_\_\_\_\_ email (optional) \_\_\_\_\_

Product Code	Quantity	Description	Unit Price	Total

**SHIPPING METHOD:** (available at extra charge)  
 All orders shipped UPS Ground unless specified below

3 DAY  2 DAY  OVERNIGHT

**METHOD OF PAYMENT:**  
 VISA  MASTERCARD  
 AMEX  DISCOVER

**PERSONAL/BUSINESS CHECK**  
 Payable To: **Resculite, Inc.**  
 Personal Checks are accepted. Order will ship immediately after check has cleared. Please mail payment and completed form to the above address. A \$25.00 charge for all returned checks. Sorry NO COD's

Credit Card Number:

Expiration Date:  
  /

Signature: \_\_\_\_\_

<b>Subtotal</b>	<b>\$</b>
<b>NY Residents add 8.25% sales tax if deliver in New York</b>	
<b>Shipping Charge</b>	<b>5.00</b>
<b>TOTAL</b>	<b>\$</b>

