

## ERGOEXPRESS FAX ORDER FORM

**ORDERED BY:** \_\_\_\_\_

**SHIP TO** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

\_\_\_\_\_

**Street Address:** \_\_\_\_\_

\_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

\_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**Contact/Title:** \_\_\_\_\_

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

**Street address required  
for UPS delivery.**

**Shipping Prepay and Add**

**Purchase Order #** \_\_\_\_\_

<b>Qty.</b>	<b>Item #</b>	<b>Description</b>	<b>Unit Price</b>	<b>Total Price</b>
-------------	---------------	--------------------	-------------------	--------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Fax Orders 24 Hours, 7-Days 1- 631-775-6220**

**New York Residents**

**Phone Orders 1-800-874-0868**

**Add 8.25% Sales Tax**

**E-mail orders to [orders@ergoexpress.com](mailto:orders@ergoexpress.com)**

**ErgoExpress 634 Birchwood Park Drive Middle Island NY 11953**