Fax Form

First Tape & Label

PO Box 1365
Texarkana, AR 75504
Phone (870) 772-7931
Fax (870) 772-5509

Attn: Customer Service

Date: _____

Name: _____ Email Address: _____

Company Name: _____ Phone # _____

Mailing Address: _____ Fax # _____

Shipping Address: _____

City, State and Zip: _____

If ordering please provide your credit card number with the name on the card, and expiration date.
If no credit card number is given we will ship C.O.D., unless you have an established account with First Tape & Label.
You may also print and fax a completed Credit Application if you would like to establish an account.
If ordering please provide a Purchase Order Number.

SUBJECT: _____ **PURCHASE ORDER #:** _____