



FAX COVER PAGE

REQUIRED INFORMATION:

Fax To: 618 222 6760

From: **To: TMM's Sales Dept.**

Phone: **Date:** **Total Pages:**

Re: **Member Name / ID#**

Ensure you have the following required information on your Order Form:

Name on Credit Card
Credit Card #
Expiration Date
CVV2 Code (security code on back of credit card)

Billing Name and Address
Shipping Name and Address (if different from Billing Info)

Order Information
Order Details (if applicable)

Shipping Preferences (if any or required)

Notes / Comments:

*** FAX COVER PAGE MUST ACCOMPANY THE COMPLETED FAX ORDER FORM**

▶▶ 26 Carlyle Plaza Dr. #122 ▶▶ Belleville, IL. 62221
▶▶ Tel: (618) 222-6760 ▶▶ Fax: (618) 222-6760