Order # _____ **ORDER FORM** Date _____

Please Print this form, fill it out and fax or mail it to us to:

INK DISCOUNT
14845 SW Murray Scholls Drive. Suite #110-415
Beaverton, OR 97007, USA
Fax: 503-430-7363

| **Ship To:** | **Bill To:** |
|---|---|
| Name | Name |
| Company | Company |
| Address | Address |
| City,State,Zip | City,State,Zip |
| Country | Country |
| Phone | Phone |
| Fax | Fax |
| Email | Email |

| Item # | Description | Qty | Price | Amount |
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| **Comment:** | | | **Subtotal** | |
| | | | **Shipping** | |
| | | | **COD Fee** | |
| | | | **Total** | |

**Payment Method:**

Visa ☐
Mastercard ☐
Discover ☐
American Express ☐

Credit Card number: _____
Experation Date: _____

Check ☐
Company Check ☐
Cash ☐
COD ☐
Other _____ **PO #** _____

**Shipping Method:**

UPS Ground ☐
UPS 3-day ☐
UPS Second day ☐
UPS Next day ☐
Priority Mail ☐
Air Mail ☐
Worldwide ☐