



**AVM**  
ENTERPRISES, INC.

www.GoAVM.com  
PHONE: (800) 218-3995  
FAX: (800) 518-5528

# ORDER FORM

COPY & USE THIS PAGE AS A TEMPLATE FOR YOUR PHONE & FAX ORDERS.

Customer ID: \_\_\_\_\_

**BILL TO:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Ordered By (Print) \_\_\_\_\_

Title: \_\_\_\_\_

**SHIP TO:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Item No.	Product Description: (Include Exact Case Counts)	Color	Quantity	Price	Total Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

## Payment Method:

☐ Net 15 Days ☐ COD (Cash on Delivery) ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card # (Print): \_\_\_\_\_ Expiration: \_\_\_\_\_

CID: \_\_\_\_\_ (Security Number)

Name on Card: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

\_\_\_\_\_

Telephone of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

SubTotal

Shipping

Sales Tax

Total

**Terms and Conditions**

MasterCard, Visa, Discover and American Express cards are accepted. \*Terms are COD or prepaid unless you have an established AVM account. No returns accepted after 30 days from the date of the Invoice. No returns accepted without prior **written** authorization. There will be a 15% Restocking Fee for all Returns.