

TOPsiders Fast Faxts...Order Entry Fax Form

Please fax your completed *Fast Faxts* form to us at 706-531-1585 to expedite service.

Account #:	TOPsiders Order #:
Invoice To:	Ship To: (Same as "Invoice To" unless specified)
Company:	Company:
Address:	Address:
City: State: Zip:	City: State: Zip:
Attn:	Attn:

Order placed by:	Shipping/Service Options
Sales Representative:	<input type="checkbox"/> Ground Service
Telephone #:	<input type="checkbox"/> 3 Day Select
Fax #:	<input type="checkbox"/> 2nd Day Air
Purchase Order # (If applicable):	<input type="checkbox"/> Next Day Air
Credit Card Information (If applicable)	Common Carrier
Credit Card Type: AX <input type="checkbox"/> MC <input type="checkbox"/> VS <input type="checkbox"/>	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect
Credit Card #: _____	<input type="checkbox"/> Other (Please Specify)
Expiration Date: _____	_____

Qty.	TOPsider Planter P24	TOPsider Planter P30	Topmount Brackets B01	Side mount B02	Wall mount B03	TriTOP Planter PT	Finish	Price Each	Total Price

Total Cost = \$ _____

- | | |
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| Standard Finish Options:
Blue BL
Burgundy BR
Charcoal Grey CG
Deep Brown DB
Greystone GT
Light Grey LG
Light Tan LT
Matte Black MB
Medium Grey MG
Taupe TP
Warm Brown WB
White WT | Decorative Finish Options:
Bronze BZ
Polished Brass PB
Polished Chrome PC
Satin Brass SB
Satin Chrome SC |
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TOPsiders Order Confirmation

Estimated Ship Date _____

Estimated Arrival Date _____

Estimated Freight Cost _____

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