

Fax Purchase Order Form 2008

Art Preservation Services, Inc.
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 New York, NY 10128

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*** REQUIRED**

Date:	
Ordered by: *	
Purchase Order #: *¹	
Phone: *	
Fax:	
Tax Exemption #:	[required for NY State Institutions]
Email:	

Billing Address: *		Shipping address: *	
<input type="checkbox"/> Tick box if same as shipping		UPS Ground [NO DELIVERY TO BOX NUMBERS]	
Attention:*			
Organization:*			
Department:			
Street Address:*			
City:*			
State, Zipcode:*			

Quantity *	Item Code #:*	Description *	Price each	Total \$

Subtotal	
[if applicable] Tax	
Shipping: [Tick box <input type="checkbox"/> IF 1st/2nd day AIR required]	
TOTAL	

Credit Card Information:*

Name on Card: Card Type: Master Card Visa
 Card Number: Zip Code:

Expiration Date: /

NOTE: All orders under \$100 and overseas orders must be paid by credit card.
***¹All orders not paid by credit card MUST have a Purchase Order # to ensure payment.**