



fax order form

Billing Address

Please fill in exactly as it appears on your credit card statement.

Full Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____
 Contact Fax: _____

Shipping Address

Only necessary if different from billing address.

Full Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____
 Contact Fax: _____

Payment Information

Please choose one of the following below

Payment Options

Bill charges to credit card:
 Card Holder: _____
 Card Number: _____
 Ex. Date: _____

MasterCard Visa Discover

If paying by check or money order please remit bill to:

YourFilters, LLC.
 28317 Beck Road
 Building E-20
 Wixom, MI 48393

Model #	Manufacturer	Description	Price	Quantity
H62-C/H85-HMI-03	HOLMES	SAMPLE ITEM: Carrier 31MF-120 Air Filter 1-Pack	\$39.99	1

Shipping Rates

UPS Ground Service <input type="checkbox"/>	\$6.99	USPS <i>Alaska</i> Rate <input type="checkbox"/>	\$12.95
UPS 2 Day Service <input type="checkbox"/>	\$15.00	USPS <i>Military</i> Rate <input type="checkbox"/>	\$12.95
		USPS <i>Canadian</i> Rate <input type="checkbox"/>	\$14.95
		USPS <i>International</i> Rate <input type="checkbox"/>	\$22.95

Item Total:

MI Sales Tax (6%):

Subtotal:

Shipping Fee:

Grand Total:

I hereby authorize YourFilters, LLC. to charge my credit card for the amount total of all the items listed above and including any and all shipping and handling charges that may apply.

Signature _____ Date _____