

LaborLawCenter, Inc.

The Complete Solution To Your Compliance Needs!

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Fax Order Form

Order Date: _____

Bill To: _____ *Same as Bill To* Ship To: _____

ATTN: _____

ATTN: _____

Phone: (_____) _____

Fax: (_____) _____

Please Fax Order Form To 714-276-6445

Qty.	Product ID	Product Description	Unit Price	Total
<i>*Please allow 3-5 business days for delivery. For expedited shipping service please contact customer service for cost!*</i>			<i>Sub Total</i>	
<i>S & H UPS Ground</i>				Waived!
<i>Total</i>				

Payment Information

Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____

Cardholder Name: _____

OR to be invoiced

Purchase Order # _____

Authorized Signature: _____ Date: _____

Print Name: _____