



Questions? Contact us at 262.514.4548

Ink Spot Order Form

Fax this form to **262.514.4568**

Ship to _____

Company name _____

Shipping address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Ink

Printer Brand (HP, Epson, etc) _____ Model (722c, 710, etc.) _____

Printer Family (Inkjet, Laser, etc.) _____

_____ Color (Enter quantity) _____ Black (Enter quantity)

Toner

LaserJet/Copier Cartridge Number _____ Brand/Model _____

_____ Regular Capacity _____ High Capacity (Please check one)

order should be credited to St. Mary's Home and School Assn.

Payment Method _____ **Check** (Drivers License Number: _____)

There is a \$25 fee for returned checks.

_____ **Credit Card** (Sorry, we can't accept debit cards) Type _____ MasterCard _____ Visa

Name as it appears on Credit Card _____

Card number _____ Exp. Date _____

3-digit Security Code _____ Credit card billing zip code _____

Security code is the three-digit number on the back of the card near the signature line.

Credit Card Statement Billing Address (if different than shipping address)

Address _____

City _____ State _____ Zip _____

Signature: _____ Date _____

Required for credit card purchases