Wesco Tools Fax Order Form
Fax to: 814-286-8300

Billing Address:
(Must be exactly as it appears on your Credit Card statement)

Card Holder Name: _____

Agency Name: _____

Street Address: _____

Suite: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Card Type:
- ☐ **Master Card**
- ☐ **Visa**
- ☐ **Discover**
- ☐ **American Express**

Card Number:

Verification #: _____ **Expiration Date:** _____

Shipping Address:

Full Name: _____

Street Address: _____

Suite Address: _____

City: _____ **State:** _____ **Zip:** _____

Reference #: _____

Wesco SKU #	Description	Qty	Price Each	Extended Price

Subtotal	
Shipping*	
Non-US Card 10%* **	
Sales Tax: 6% ** **	
Order Total	

* All orders over $500 ship Free!
*** All Charges made from credit cards with a non-US billing address will be assessed a 10% Fee
**** Sales Tax only applies to non-exempt orders with a PA shipping address unless a exempt tax ID is provided

The shipping fees will be calculated and applied the time of order fulfillment unless you have received a prior shipping quote from Wesco Tools. If you have a shipping quote please attach quote when faxing in your order. All Shipping policies, terms and conditions, and return policies posted on the Wesco Tools web site apply to this order.

By signing below I affirm that I agree for Wesco Tools to charge my credit card with the proscribed order under the above named applicable terms, conditions and policies, and that I am the legal card holder and accept all financial reasonability for this transaction.

Authorized Signature: _____

Date: _____