



FAX ORDER FORM

CONTRACTS ADMINISTRATION

(Duplicate as Necessary)

DISTRICT CONTRACTS OFFICE

(Credit Card and Checks)

06/05

Contracts Administration District 2

Phone: (386) 758-3703

Fax: (386) 758-3791

Company Name: _____

Email Address (To Receive Addenda Notifications): _____

We accept VISA, MasterCard, Discover or American Express only. (Circle One)

Credit Card Number _____ Exp. Date _____

Authorized By: _____ Vendor No. VF _____

Address: _____ City, ST, Zip _____

Phone No. _____ Fax No. _____

Ship to (If different) _____ Company _____ Contact Name _____

Street _____ City _____ State _____ Zip _____

Ship to: Phone No. _____ Fax No. _____

Fed Ex. No. (If applicable) _____

Letting Date	Financial Project Number or Proposal Number	Plans/Specs & Bidding Document (Prime Contractor)	No. Sets of Plans/Specs Only	No. Sets of Plans Only	No. Sets of Specs Only

Signature required for receipt of the above records:

I, personally, and/or as representative of the above entity, fully understand the exempt nature of the public records I am receiving and agree to maintain the exempt status of this information in accordance with Florida law.

Name of person receiving records:

(Printed) _____

Signature _____ Date _____

District Office use only:	Date mailed _____	Sales & Service # _____	Date _____
MFMP _____	LAS entry _____	Prequalified _____	Capacity _____

TOTAL SALES \$ _____ FLAIR CODES: DISTRICT ORG. 910200000 - EO 11

CONTRACTS OBJECT 010414 CREDIT CARD AUTHORIZATION _____