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Customer Order Form

Date _____

Please fax the completed order form to ProFoldin at 508-845-9258. Thank you.

Product Information

Catalog #	Description	Quantity

Shipping Information

Name _____
 Company _____
 Address _____

 City _____
 State _____ Zip _____
 Country _____
 Phone _____
 Fax _____
 E-mail _____

Billing Information

Name _____
 Company _____
 Address _____

 City _____
 State _____ Zip _____
 Country _____
 Phone _____
 Fax _____
 E-mail _____

Payment Information

PO number if available _____
 TAX exemption ID if available _____

For credit card payment, please provide the following information:

Credit card type _____ Visa / MasterCard / Discover / AmerEx
 Name on Credit card _____
 Credit card # _____
 Expiry Date (Month/Year) _____
 CVV (Security code) _____