FAX ORDER FORM

Control Solutions, Inc. ● 980 Berwood Ave., Suite 100 ● Vadnais Heights, MN 55110

Phone: 1-651-426-4410 **Fax: 1-651-426-4418**

Contact Name: _____ Phone No. _____

Company Name: _____ Fax No. _____

Shipping Address: _____

City: _____ State _____ Postal Code _____

Country: _____

Quantity	SKU/Order Code	Description	Price Each	Ext. Price

Subtotal*

Shipping method:

__UPS Ground __UPS 2-day (blue) __UPS Overnight (red)
__UPS Worldwide Express __UPS Standard to Canada

__UPS Collect - Customer Account # _____

__USPS Express __EMS __Customer Pickup/Customer Scheduled Courier

* Applicable taxes and shipping charges as determined by your choice of shipping method will be added to this subtotal to create the total amount charged to your credit card.

Credit card type: ___Visa __Mastercard __American Express

Card Number _____ Expiration Date ____/____ CCV Code _____

Name on card: _____

CCV Code is the 3-digit number on the back, or 4-digit code above number on front of AmEx.

Billing Address: _____

City _____ State _____ Postal Code _____ Country _____

I hereby certify that I am authorized to make charges on the credit card above, and hereby authorize Control Solutions, Inc., to charge the credit card above for the amount indicated by this order including items, taxes if applicable, and shipping charges if prepaid shipping is selected. I further agree to the Terms and Conditions stated at www.csimn.com, a copy of which is available upon request.

Printed Name_____

Signature _____ Date _____