

Mailing a check

U Visa

Card Number: _____

☐ Credit Card:

ORDER FORM

QA Supplies LLC

1185 Pineridge Road Norfolk, VA 23502 Phone: 757-855-3094 Fax: 757-855-4155 e-mail: sales@QAsupplies.com

American Express

Exp Date: / CVV: ____

BILLING NAME AND ADDRESS: SHIPPING NAME AND ADDRESS: Company: Company: Address: Address: City: City: State: Zip: State: Zip: Country: Country: Shipping Contact: Billing Contact: Phone: Phone: Fax: Fax: Email: Email: * email is required for shipment tracking information SHIP VIA: **ITEM NUMBER / DESCRIPTION** QTY PRICE Ground 2 Day Overnight International Priority International Economy Other: **PAYMENT METHOD:** Bill Me: we have an account with QA Supplies PO number:

* Please make sure the billing address above is the one listed on the credit card