## BKRADIO.COM Fax Order Form --- Fax to: 1-843-797-0613

| Shipping Address (No P.O. Boxes)    |                               |             |             | Billing Address (Must Match Credit Card Billing Address) |           |               |                     |                      |
|-------------------------------------|-------------------------------|-------------|-------------|--|-----------|---------------|---------------------|----------------------|
|                                     |                               |             |             |  |           |               |                     |                      |
| Contact Name:                       |                               |             |             | PO Number:   |           |               |                     |                      |
| Email                               | Address:                      |             |             | _  | Phone     | :             |                     |                      |
| Billing Information<br>(Circle one) |                               | Master Card | Visa        | PayPa  | I         | Certified     | Check/Funds         | ** (see footnote)    |
|                                     | it Card Informatio<br>Number: | n           |             |  | _ (NOTE:[ | Do NOT send C | Credit Card Numbers | via Email, FAX them. |
| Name on Card:                       |                               |             |             | Expires  |           |               | CVV:                |                      |
| Shipping Preference<br>(Circle one) |                               | Ground      |             | Overnight  | 2-Day     | 3-Day         | у                   |                      |
|                                     |                               | OK to Par   | rtial Ship? | Yes  | No 🗌      |               |                     |                      |
| Qty.                                | Part Number                   | Description |             |  |           |               | Price               |                      |
|                                     |                               |             |             |  |           |               |                     |                      |
|                                     |                               |             |             |  |           |               |                     |                      |
|                                     |                               |             |             |  |           |               |                     |                      |
|                                     |                               |             |             |  |           |               |                     |                      |
|                                     |                               |             |             |  |           |               |                     |                      |
|                                     |                               |             |             |  |           | Total:        |                     |                      |
| Spec                                | cial Instructions:            |             |             |  |           |               |                     |                      |
|                                     |                               |             |             |  |           |               |                     |                      |
|                                     |                               |             |             |  |           |               |                     |                      |
|                                     |                               |             |             |  |           |               |                     |                      |
|                                     |                               |             |             |  |           |               |                     |                      |