

LVS Collections

FAX ORDER FORM

3111 S Valley View Blvd X102,
Las Vegas, NV 89102

Phone: (702) 823-2252 Fax: (702) 823-2103
www.lvscollections.com info@lvscollections.com

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| BILL TO | SHIP TO |
| ADDRESS | ADDRESS |
| CITY, STATE, ZIP | CITY, STATE, ZIP |
| PHONE | EMAIL |

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|-------------|------|----------|-----------|-------------|-------|
| SALESPERSON | DATE | SHIP VIA | SHIP DATE | CANCEL DATE | TERMS |
|-------------|------|----------|-----------|-------------|-------|

| ITEM CODE | DESCRIPTION | QUANTITY | PRICE | AMOUNT |
|-----------|-------------|----------|-------|--------|
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ANY CLAIMS FOR DAMAGES/SHORTAGES OR REFUNDS/EXCHANGES MUST BE DONE WITHIN 7 DAYS AFTER RECEIPT OF GOODS.
RETURN SHIPPING IS TO BE PAID BY BUYER UNLESS APPROVED BY SELLER.
PAYMENTS ARE 100% SECURE - WE RESPECT YOUR PRIVACY

| | |
|-------|--|
| Total | |
|-------|--|

Buyer _____