



Distributor Order Form

DATE*:

BILL TO:

Same as Billing

SHIP TO:

Company Name* _____
 Address* _____

 City* _____ State* _____ Zip* _____
 Attention _____
 Phone* _____
 e-mail* _____

*required

ORDERING INFORMATION

- Make sure to specify kit, model, color and quantity when ordering. See Price List.
- Discounts apply to both direct and drop-shipments.
- All Magic Master® products can be special ordered with custom printing, logos, graphics and packaging. Call our Custom Products Group for pricing and delivering information.

QTY	MODEL	DESCRIPTION	UNIT PRICE	TOTAL

- Return by pressing SEND button or print this form and fax it to 516 742-3617.
- *We will call or e-mail with shipping & handling and applicable sales tax before processing.

Merchandise Total	
WE WILL ADD APPLICABLE SHIPPING & SALES TAX	S & H
	Sales Tax
Order Total	



Cardholder Name _____

Card Number _____



Security Code _____

Exp. Date _____

Signature _____

Bill my account

TOLL FREE ORDER HOTLINE 1-800-552-0023

516 741-3660 • 24 HOUR FAX 516 742-3617

195 Atlantic Avenue • PO Box N • Garden City Park, NY 11040 • email: orders@magicmaster.com