

DATE: _____

ORDER FORM

Your printer Make: _____ Model: _____

Number of cartridges you are sending: _____

BILLING INFORMATION: (Billing address MUST match credit card)

COMPANY: NAME: _____

YOUR NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

SHIP TO INFORMATION: (Only if different then billing address)

COMPANY NAME: _____

YOUR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

CREDIT CARD INFORMATION: (PLEASE CHECK ONE)

VISA:___ **MASTERCARD:** ___ **Discover:**___ **American Express:**___

NAME ON CARD: _____

CARD NUMBER: _____

CVM CODE: _____ (This is the 3 or 4 digit number on front or back of card)

EXP DATE: _____ (MM / YY)

Please enclose this form with the cartridges you are sending for refilling.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY LABEL
FIRST-CLASS MAIL PERMIT NO 2079 SACRAMENTO CA

POSTAGE WILL BE PAID BY THE ADDRESSEE

MASTERINKJETS.COM
PO BOX 60008
SACRAMENTO, CA 95860-9918

