



Fastpack Packaging Inc.  
 226 SE Lee School Ave  
 Suite 36  
 Lee, FL 32059  
 Phone: 850-971-7201  
 www.fastpack.net  
 sales@fastpack.net

### BILLING INFORMATION

EMAIL \_\_\_\_\_  
 NAME \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 COUNTRY \_\_\_\_\_  
 DAY PHONE \_\_\_\_\_

### SHIPPING INFORMATION

Check here if same as billing information  
 NAME \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 COUNTRY \_\_\_\_\_  
 DAY PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

### PAYMENT INFORMATION

Visa     Master     American Express     Discover     Check via Mail

CARD HOLDER'S NAME *(exact name on Credit Card)* \_\_\_\_\_  
 CARD BILLING ADDRESS *(if different than billing information)* \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CARD NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 \_\_\_\_\_  
 EXPIRATION DATE \_\_\_\_ / \_\_\_\_ SECURITY CODE \_\_\_\_\_ CUSTOMER SIGNATURE \_\_\_\_\_

### PRODUCT INFORMATION

If you have been quoted, please enter Quote# \_\_\_\_\_

QTY	ITEM NAME	ITEM #	PRICE	SHIPPING	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					

**PRODUCT SUB TOTAL** \_\_\_\_\_  
**SHIPPING SUB TOTAL** \_\_\_\_\_  
 Sales Tax to be calculated & added by customer service  
**TOTAL** \_\_\_\_\_