



Dvar Malchus Order Form

Purchase Order

Date _____

Billing Info for Credit Card

Name _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Phone Number _____

Fax Number _____

Contact Name _____

Shipping Info

Company _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Phone Number _____

Fax Number _____

Contact Name _____

Parsha	Quantity	Unit Price	Amount
		\$ 1.00	
		\$ 1.00	
		\$ 1.00	
		\$ 1.00	
		\$ 1.00	
Terms and Conditions		Total	
<p>If this is your first time ordering Dvar Malchus with us, you must first fax a copy of the photo ID that matches the name on the credit card. You may then order at any time. We will bill the credit card on file as your order is shipped.</p> <p>If this is recurring order please note it on your order.</p>		All orders are shipped UPS	
		Shipping Charge	
		Grand Total	

Credit Card# _____

Expiration Date _____

Fax your order and Id to 718-221-0371