Watch Us, Inc.

Please print this sheet off and print in your details clearly and then fax it to us 203-734-9202

If any of the below required fields are not filled in your order will not be processed. * indicates Required

	Company Name *	*	* Credit Card Number -	we accept '	Visa / MC	
	Customer Resale Number *	*				
	outside USA or exempted st	ates use XXXX	* Expiry Dateeg.05/200	5		
	First Name *	*	* Full Name As Printed On Credit Card			
	Last Name *	*				
Street Address *		*	* Cianaturo	* Signature		
City *						
	State *		Type of Business			
	Country *	*				
	Zip Code *	*	How Did You Hear Ab	How Did You Hear About Us		
	Phone Number *	*				
Fax Number			Best Days to Contact	ntact You		
	Email Address					
	Part / Style # Quantity	Description		Price	Total \$	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
	Grand Total					
					- -	
If you require more spaces for order entry, simply print off the number of pages you require. Ple are identified with your contact information and the order includes the total number of pages.					ease each	
	are racritimed with your conte	act information and the order in	Sidded the total number	. •		
				page	of	
Ordering Quantities Must follow guidelines from website.						
	I have read and agree to the ordering policies outlined on the website [yes] please initial					
	Please select your prefe	Please select your preferred shipping method. Shipping Charges will be added to your total invoice.				
	Ground Shipping 2-7 Days UPS 3 Day Air UPS 2nd Day Air					
	Overseas /Int. Airbourne DHL					

If you require expedited service, please Call Watch Us, inc. 1-800-492-8248