

AsianEdible.com Fax Order Form

ORDER ANY TIME, DAY OR NIGHT. USE THIS FORM FOR YOUR CONVENIENCE.

**VISIT** 3073 E. Walton Blvd., Auburn Hills, MI,48326 (Walton Village Plaza)

**CALL** 248-910-2626 **FAX** 248-525-6963 **CLICK** www.AsianEdible.com

**Order Date:** [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]



**1 CUSTOMER INFORMATION**





**Bill to:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Rewards Member No: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Ship to (if address is different from above):**

Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Payment:**

Select Credit Card:   Master Card   Visa   Am Ex   Discover

Credit Card Number: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

Expiration Date: [ ] [ ] - [ ] [ ] CID/Card Code: [ ] [ ] [ ] [ ]

Name of Credit Card Holder: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Check Enclosed

**2 YOUR ORDER INFORMATION**

NO.	Item Description	Quantity	Price(each)	Total
1				
2				
3				
4				
5				
6				
7				
8				

**Subtotal:** \_\_\_\_\_ **+ Shipping Fee:** \_\_\_\_\_ **= Grand Total:** \_\_\_\_\_

Please Fax the Form to 248-525-6963 or Email to AsianEdible@gmail.com  
 ^\_^ The Grand Total will be charged when the order is shipped. Thank you. ^\_^