



ORDER FORM

Bill to: _____

Phone: _____

Email: _____

Tax ID: _____

Same as billing Local Pick-Up

Ship to: _____

Delivery Date: _____

Local orders are delivered Monday – Friday, all other deliveries are Tuesday – Friday and shipped via UPS Next Day Air. If you wish to pick-up your order you may do so Monday – Friday from our Doral Fulfillment Center.

| ITEM # | DESCRIPTION | QTY. | UNIT PRICE | TOTAL |
|--------|-------------|------|------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Notes | | | SUBTOTAL: | |
| | | | DISCOUNT: | |
| | | | SHIPPING: | |
| | | | TOTAL: | |

PAYMENT INFORMATION

Card type: VISA MasterCard American Express Discover

Cardholder name: _____ Billing ZIP Code: _____

Card number: _____ Expires: ____ / ____ CVV2: _____

Customer's Signature _____ Date _____

Please fax orders to (305)424-2235 or email to info@clarkfish.com