

# LENZ ARTS FAX ORDER

Once completed, please fax to 831.423.6840 or mail to 142 River Street, Santa Cruz, CA 95060.

Merchandise description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shipping instructions: \_\_\_\_\_

Customer: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

e-mail: \_\_\_\_\_

Credit Card type:  Visa  MasterCard

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ - \_\_\_\_\_

Security (VID) Number (the rightmost three digits in the signature box on back of card): \_\_\_\_\_

## CARD BILLING ADDRESS (IF NOT THE SAME AS SHIPPING ADDRESS):

Cardholder Name: \_\_\_\_\_

Billing Address' STREET NUMBER ONLY: \_\_\_\_\_

Billing Address' ZIP CODE ONLY: \_\_\_\_\_

Phone number of Card Holder: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*I authorize Lenz Arts, Inc. to charge my credit card for this purchase. I agree to pay any charges according to my card issuer's agreement.*

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lenz**  
*arts*

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Santa Cruz, CA 95060  
831.423.1935 sales  
831.423.6840 facsimile  
lenzarts.com website