TCMzone L.A. Order Form

Date:_____

Customer Id:		**New Customer:**	
Bill To:		**Ship To:**	Same as Billing Info
Name:		Name:	
Address:		Address:	
State:	Zip Code:	State:	Zip Code:
Contact Person:		Contact Person:	
Telephone:		Telephone:	
Fax:		Fax:	
E-mail:		E-mail:	

ItemNo.	**Description**	**Unit**	**Unit Price**	**Quantity**	**Sub-Total**

Comments:			
		Total from Other Page:	
		Sub-Total:	
		Shipping and Handling Charge:	
		Others:	
		COD Charge:	
		Total:	

Payment by Check: Please make your check payable to: Jingsheng Chen / TCMzone L.A.

Payment by Credit Card	Visa	Master
	Name of Card Holder:	
	Card Number:	
	Expire Date / 3-Digit Validation Code / Billing Zip Code	
	Card Holder Signature:	

Fax to: (310) 914 -9031 **www.TCMzoneLA.com**