



Offline Order Form
Mail to: Advanced Inc.
P.O. Box 87
Cookeville, TN 38503
Fax to: 931-528-1960

Code	Product	Size	Quantity	Price/Ea.	Total

Subtotal _____

(TN residents add 9.75% sales tax) **Tax** _____

(Add \$3.99 if order is less than \$20.00 - otherwise no charge) **Shipping** _____

Total: _____

Bold=Required *Italic*=Optional

Ship To:		Bill To (If Different):	
First Name:	_____	First Name:	_____
Last Name:	_____	Last Name:	_____
Email Address:	_____	Email Address:	_____
Phone Number:	_____	Phone Number:	_____
<i>Fax Number:</i>	_____	<i>Fax Number:</i>	_____
<i>Company:</i>	_____	<i>Company:</i>	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
State/Province:	_____	State/Province:	_____
<i>Other State/Province:</i>	_____	<i>Other State/Province:</i>	_____
Zip/Postal Code:	_____	Zip/Postal Code:	_____

Billing Information (fill out the information related to your method of payment)

Method of payment: Visa - Mastercard - Discover Card - eCheck (circle one)

Name (exactly as it appears on card): _____

Expiration Date: _____

Card Number: _____

CV Code (three digit code on the back of your card): _____

Routing Number (if paying by eCheck) _____

Account Number (if paying by eCheck) _____

Comments or Special Instructions:
