MAXANT
HONEY PROCESSING EQUIPMENT

Fax Order Form

Company Name _____ Customer # _____

Email _____ Fax _____

Billing Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Shipping Address (if different):

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Payment Method:

☐ **Visa** ☐ **MasterCard** ☐ **Discover**

(Minimum credit card order is $25.00 excluding shipping. For orders under $25.00, please pay by check.)

Card Number: _____ Security Code: _____

Expiration Date: _____ Signature: _____

Check Payments: We will contact you once your order is processed with your order total including shipping.
Make checks payable to **"C Max Inc."** Mail to Maxant Honey Processing Equipment, P.O. Box 454, Ayer, MA 01432.

Quantity	Model Number	Name and Description of Article	Unit Price	Total Price

PRODUCT TOTAL $

Thank you for your business!

The following will be calculated after processing.

Shipping	$
(MA Orders Only) Tax	$
Order Total	$

FAX ORDER TO 978-772-6365

P.O. Box 454, Ayer, MA 01432
PHONE: 978 772-0576
sales@maxantindustries.com | maxantindustries.com