

TONER REQUEST ON ALL BRANDS

NAME OF COMPANY :

CONTACT :

E-Mail :

PHONE NUMBER :

COPIER/PRINTER BRAND:

COPIER/PRINTER MODEL:

TONER/CARTRIDGE CODE:

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(please put ; if there is more than one)

1. How many Toners/Cartridges would you like to purchase?

- ☐ 1
☐ 2
☐ 3
☐ 4+ (please note exact quantity) : _____)

2. Price on Original or Generic cartridges?

- ☐ Original
☐ Generic
☐ Both

3. When would you like to have your Toners/Cartridges delivered?

- ☐ ASAP
☐ In two week

FAX BACK – 0215574434

- ☐ In one month
- ☐ Other (please be specific) : _____

*** Can we add you to our monthly promotional leaflet on the latest prices and product launches?**

- ☐ Yes
- ☐ No thanks
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