
WESTERN BUSINESS FORMS

AND SYSTEMS, INC.

8839 N. Cedar Avenue, Suite 214 • Fresno, CA 93720

Fresno (559) 822-4680

San Jose (408) 292-2284

FAX TRANSMITTAL

DATE: _____

TO: _____

ATTN: HYPERCOM POS USER

FROM: _____

RE: _____

NUMBER OF PAGES INCLUDING THIS ONE 2

The top half of the POS Form is for Ordering P.O.S. Supplies.

The bottom half of the POS Order Form is for Ordering HICFA Healthcare Forms.

To Order POS Hypercom Supplies just match the first two Digits of your Model Number of your POS Printer to our Form. For example, if your model number is P74356 just match the P7 to our form and that's it.

If you need Ink Ribbons and Paper Rolls then it's best to purchase our Combo Pack which gives you two ink Ribbons and 20 Rolls of two part paper. Two part paper is the only option when ordering Combo Packs.

The Rolls of Paper fit all POS Hypercom Machines and are available in one, two, or three parts when you order a box of 50.

The brand new Verifone Machines take a different paper roll.

Include your local tax. Shipping/handling charges are for each item ordered. If paying by credit card, fax back the POS Order Form to 559-822-4685 or 408-292-5880.

Credit Card Orders are processed and shipped within 2 days and is the quickest way to order. Our fax lines are dedicated and completely secure for credit card transactions.

If paying by check, please mail your check with the POS Order Form to the address listed above. Your order will be processed when we receive the form with your check.

Thank You

Our Fresno Fax Number is (559) 822-4685

Our San Jose Fax Number is (408) 292-5880

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AND SYSTEMS, INC.
 8839 N. CEDAR AVE. • STE 214 • FRESNO, CA 93720
 1-800-292-2285 EXT. 1 FAX (559) 822-4685

REORDER FORM

POS SUPPLIES

economical
 Your Health Care Form Specialists Since 1964

BILL TO:

SHIP TO: (SAME AS BILL TO UNLESS INDICATED)

SHIP TO ATTN:

DATE ORDERED	ORDERED BY	PHONE NO.	FAX NO.
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AX		CARD NO.	EXP. DATE
<input type="checkbox"/> PREPAID BY CHECK (MAIL CHECK WITH THIS FORM)		NAME AS IT APPEARS ON CARD	

QTY.	ITEM NO.	DESCRIPTION	PRICE	AMOUNT
	160-538-6	BOX OF 6 RIBBONS - FITS MODELS P7 • P5 • P4 • P3	\$49.95	
	6801	COMBO PACK - 2 RIBBONS / 20 ROLLS PAPER - FITS MODELS P7 • P5 • P4 • P3	\$68.95	
	160-544	BOX OF 6 RIBBONS - FITS MODELS P8 OR T7	\$69.95	
	6802	COMBO PACK - 2 RIBBONS / 20 ROLLS PAPER - FITS MODELS P8 OR T7	\$89.95	
	100-018	1 PART (WHITE) - BOX OF 50 ROLLS PAPER - EXCEPT VERIFONE FITS ALL MACHINES	\$79.95	
	115-172	2 PART (WHITE/CANARY) - BOX OF 50 ROLLS PAPER - EXCEPT VERIFONE FITS ALL MACHINES	\$89.95	
	115-146	3 PART (WHITE/CANARY/PINK) - BOX OF 50 ROLLS PAPER - EXCEPT VERIFONE FITS ALL MACHINES	\$99.95	
	140-080	1 PART (WHITE) - BOX OF 50 ROLLS PAPER FOR NEW MACHINE OMNI VERIFONE 3300	\$32.95	

Important: When ordering HCFA 1500 forms, please enclose a sample of your current form.

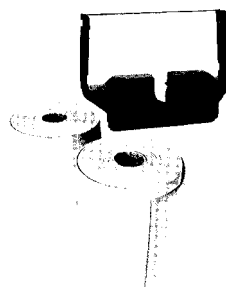
	HCFA 1500-1	HEALTH INSURANCE CLAIM FORM - 1 PLY (2500 PER BOX)	\$43.10	
	HCFA 1500-2	HEALTH INSURANCE CLAIM FORM - 2 PLY (1000 PER BOX)	\$49.50	

IMPORTANT:

Don't run out! Use this handy order form to select the exact replacement supplies you need. These ribbon and paper rolls are stocked for your specific POS Medi-Cal printer. They are available for immediate shipment.

- Orders accepted by Credit Card or Check only
- Please send Check in along with Order Form
- Restocking Fee 20% plus shipping costs

*Save time,
 cut costs
 and ensure
 proper
 operation.*



SUB-TOTAL	
SALES TAX	
SHIPPING HANDLING	
TOTAL	

SHIPPING & HANDLING:
 BOX OF 6 RIBBONS \$7.95
 COMBO PAK \$9.95
 50 ROLLS PAPER \$11.95
 HCFA FORMS \$10.95
 ANY COMBINATION OF THE ABOVE,
 ADD ALL FREIGHT AMOUNTS TO
 SHIPPING AND HANDLING.