

**[Company Name]**  
**[Company Address]**

		DATE	TIME
TO		FROM	
COMPANY		COMPANY	
DEPARTMENT		DEPARTMENT	
FAX NO.	PHONE NO.	FAX NO.	PHONE NO.

Number of pages including cover sheet: \_\_\_\_\_

**COMMENTS:**


**PLEASE CONTACT US SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS FAX TRANSMISSION.**

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