FAX

**COMPANY NAME**

|  |  |
| --- | --- |
| [Street Address]  [City, State ZIP Code]  [Telephone]  [Fax]  [Web Address] |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  | |  |
| DATE: | [Enter Date Here] | | PAGE 1 OF PAGES | | | |
| TO: | [Recipient’s Name] | | FROM: | | [Sender’s Name] | |
| FAX: | [Recipient’s Fax] | | FAX: | | [Sender’s Fax] | |
| PHONE: | [Recipient’s Phone] | | PHONE: | | [Sender’s Phone] | |

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| --- |
| **Subject:** |

|  |
| --- |
| **Message:** |