FAX

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

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| --- | --- | --- | --- |
| DATE: | [Enter Date Here] | NUMBER OF PAGES: | [Enter number 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] |
|  |  |  |  |
| SUBJECT: | [Enter Subject Here] | | |

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| --- | --- | --- | --- |
| Urgent  Please Reply  For Review  For Your Records |  |  |  |

**Message:**