FAX

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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] |

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

**Message:**