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

# FAX

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

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

**Message:**