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|  | **COMPANY NAME** | | | [Street Address]  [City, State ZIP Code]  [Telephone]  [Fax]  [Web Address] | | |
|  | | | Page 1 of Pages |  | |
| FAXX | | | DATE: | [Enter Date Here] | | |
| TO: | [Recipient’s Name] | | |
| FAX: | [Recipient’s Fax] | | |
| FROM: | [Sender’s Name] | | |
| PHONE: | [Sender’s Phone] | | |
| FAX: | [Sender’s Fax] | | |
| SUBJECT: | [Enter Subject Here] | | |

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| **Message:** |