



East Bay

Point of Sale Systems

A Division of East Bay Cash Register Systems, Inc.

3838 Grand Avenue Oakland CA 94610

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www.ebcrs.com

For Innovative Solutions That Put You In Control

PAPER SUPPLY ORDER FORM

ATTN: EAST BAY POS SUPPLIES fax 510-251-6360

COMPANY NAME:				
SHIPPING ADDRESS:				
CONTACT NAME:				
COTNACT PHONE NUMBER _____				
BEST TIME TO CONTACT: _____: _____ AM/PM				
METHOD YOU WILL BE PAYING WITH (we will call you for payment details)				
VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/>	AMERICAN EXPRESS <input type="checkbox"/>	CHECK/ MONEY ORDER <input type="checkbox"/>
POS SYSTEM OR CASH REGISTER NAME AND MODEL #				
SYSTEM NAME: _____ MODEL# _____.				
THERMAL PAPER SIZE <input type="checkbox"/> OTHER: NOT LISTED PLEASE CALL				
<input type="checkbox"/> 2 3/4 x 1 1/2 X CASES _____		<input type="checkbox"/> 3 1/8 x 110' X CASES _____		
<input type="checkbox"/> 2 1/4 x 1 3/4 X CASES _____		<input type="checkbox"/> 3 1/8 x 220' X CASES _____		
<input type="checkbox"/> 2 1/4 x 2 7/8 X CASES _____				
BOND PAPER SIZE				
<input type="checkbox"/> 3"x 3" (165' single ply) X CASES _____		<input type="checkbox"/> 3"x 3" (90' two ply) X CASES _____		
PRINTER RIBBONS				
<input type="checkbox"/> BLK X CASES _____		<input type="checkbox"/> RED/BLK X CASES _____		