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

# FAX

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|  |  |  |
| DATE: | [Enter Date Here] | | |  |
| NUMBER OF PAGES INCLUDING COVER: | [Enter number of pages] | | |  |
| TO: | [Recipient’s Name] | | |  |
| FAX: | [Recipient’s Fax] | | |  |
| FROM: | [Sender’s Name] | | |  |
| PHONE: | [Sender’s Phone] | | |  |
| FAX: | [Sender’s Fax] | | |  |
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| SUBJECT: | [Enter Subject Here] | | | |

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| MESSAGE: |