

YOUR COMPANY NAME HERE  
YOUR COMPANY ADDRESS HERE  
PHONE: AREA CODE AND PHONE NUMBER HERE  
FAX: AREA CODE AND FAX NUMBER HERE

TELECOPIER COVER LETTER

DATE:

TO: ENTER ADDRESSEE NAME~

COMPANY: ENTER ADDRESSEE'S FIRM NAME~

FAX NUMBER: ENTER FIRM ADDRESS~

PHONE NUMBER: ENTER ADDRESSEE'S PHONE NO.~

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FROM: ENTER YOUR NAME~

NUMBER OF PAGES: ENTER NO. OF PAGES INCLUDING THIS ONE TO BE  
SENT~  
INCLUDING THIS COVER

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*IF PAGES ARE ILLEGIBLE OR TRANSMISSION IS INCOMPLETE, CALL \_\_\_\_-*

\_\_\_\_\_

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MESSAGE:

ENTER SHORT MESSAGE TO ADDRESSEE~