Product Order Form

To order, print this form and fax or mail to the address on the bottom of this page.

(PLEASE PRINT)

Name _____ Date _____

Address (mail and street) _____

City _____ State _____ Zip _____

Home phone _____

E-mail address _____

Ck. enclsd _____ C.O.D. _____ VISA _____ MC _____

Credit Card Number _____ Exp. _____

Signature _____

(Office use only) Date order rec'vd _____ Date order shipped _____

QTY	Item #	Item Description	Price	Total

INSURANCE: For each package with declared value over $100.00, add .35 cents for each additional $100.00

SHIPPING:
$.01 - $50.00: $4.00
$50.01 - $100.00: $5.50
$100.00 - AND UP: $6.50

C.O.D. CHARGES: Please allow $7.50 C.O.D. charge plus appropriate shipping

Note: Please pay in U.S. funds only. The above shipping prices are for continental U.S.Out of continental U.S. and international orders, please use credit card for accurate shipping charges to be billed.

SUB TOTAL	
SALES TAX (6% IN residents only)	
INSURANCE	
SHIPPING	
C.O.D. CHARGE	
TOTAL	

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