

ORDER FORM

Bill To:
 Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone#: _____

Ship To: Same
 Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 E-mail: _____

Credit Card Type: Visa/MC/AMEX
 Check
 Money Order

Card#: _____
 Exp. Date: _____
 Name on Card: _____
 Credit-Card Address Zip Code: _____

Quantity	Description	Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total # Items _____ Sub-Total \$ _____
 _____ (CA residents) tax 7.25% _____
 Shipping _____
 Insulated Foam Shipper _____
 Insurance (\$0.35 per \$100) _____
 Total \$ _____