# Fax or Mail Order

Date:

Bill to:

[Name]
[Address]
[Address]
[City, ST ZIP Code]
[Phone]

Ship to: (If different then billing)

[Name]
[Address]
[Address]
[City, ST ZIP Code]
[Phone]

| METHOD OF PAYMENT | Card Number: | Expiration: |
|---|---|---|

<>Visa <> MasterCard <>American Express

<>Discover <> Check <>Money Order <>Gift Certificate (enter number at right)

| Item # | Quantity | Description | Options or Comments | Price | Total |
|---|---|---|---|---|---|
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