

Order Form

Customer Name: _____

Billing Address

Street: _____

City: _____ State: _____ Zip : _____

Phone: _____ Fax : _____

E-mail Address : _____

Shipping Address (If different than Billing Address)

Street: _____

City: _____ State: _____ Zip : _____

Phone: _____ Fax : _____

Your Order Information

Item #	Quantity	Description	Price	Total

***Shipping**

For Orders Totaling:	For Ground Shipping, Please Add:	For 2-Day Express, Please Add:	Product Total	
\$0-\$25.00	\$3.95	\$9.95	Standard Shipping Charge*	
\$25.01 - \$50.00	\$5.95	\$13.95	Sales Tax (CA Residents only)	
\$50.01 - \$75.00	\$8.95	\$15.95	ORDER TOTAL	

If your shipping address is outside the 48 continental United States, we will email you a quote with the exact shipping charge prior to shipping.

Payment Information

Visa Master Card American Express Check

Credit Card Number _____ Expires _____ / _____

Name As Appears on Card (Please Print) _____

Signature : _____