



## MAIL / FAX ORDER FORM

BILLING ADDRESS	
FIRST NAME:	
LAST NAME:	
ADDRESS:	
CITY:	
STATE:	
COUNTRY:	
ZIP/POSTAL CODE:	

SHIPPING ADDRESS	
FIRST NAME:	
LAST NAME:	
ADDRESS:	
CITY:	
STATE:	
COUNTRY:	
ZIP/POSTAL CODE:	

CREDIT CARD INFORMATION	
CARD TYPE:	
NAME ON CARD:	
CARD NUMBER:	
EXPIRATION DATE: (MMYY):	
STATE:	
COUNTRY:	
ZIP/POSTAL CODE:	

ORDER COMMENTS

SHIPPING METHODS
<p><b>NOTE:</b> Place a checkmark to the right of the preferred method of shipping.</p>

USPS PRIORITY MAIL:	
USPS EXPRESS MAIL:	
FEDEX HOME DELIVERY:	

All orders will be shipped out via USPS Priority Mail  
If no shipping method selected.



**MAIL / FAX ORDER FORM**

#	ITEM NUMBER:	ITEM NAME:	QTY:
1			
2			
3			
4			
5			
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