

Bill to:

Company _____
 Address _____

 City _____
 State _____
 Zip _____

Ship To: (if different than bill to)

Company _____
 Address _____

 City _____
 State _____
 Zip _____

Date _____ Purchase Order # _____

Person Ordering _____

Title _____

Your Line of Business _____

(SIC Code - if known) _____ Number of Employees _____

Phone Number () _____
Area Code Phone Number





Fax Number () _____
Area Code Fax Number

E-mail Address _____

Please print clearly. Indicate item number including letter prefix, size and color to assure correct order entry.

Item No.	Quantity	Size or Color	Description	Unit	Price	Total Price

Method of Payment: Please check one:

- My check is enclosed
 Bill our account
 New account (credit application)
 Master Card 
 Visa 
 American Express 
 Discover 

Total Merchandise
Sales Tax
Shipping and Handling Charges
Total amount

Card Holder Name: _____
 Address: _____
 City, State, Zip: _____
 Credit Card Number: _____
 Exp. Date (mo/yr): _____
 Signature: _____

**Thank you
 for your order!**