

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!**