




# ORDER FORM

Billed to: \_\_\_\_\_ Check payment method:

Address: \_\_\_\_\_ Credit Card \_\_\_ Check \_\_\_ Money Order \_\_\_  
 \_\_\_\_\_ Charge my:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

City: \_\_\_\_\_ If paying with your credit card, fax your  
 State\Province: \_\_\_\_\_ Zip Code \_\_\_\_\_ order form through:

Country: \_\_\_\_\_ Card #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Telephone: (optional) \_\_\_\_\_ Signature: \_\_\_\_\_

Title	Price
<b>Total: \$</b>	

RETURNS... If for any reason you are not completely satisfied just return merchandise within 30 days, in saleable conditions, for prompt refund. No questions asked. Enjoy!