




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
Total: \$	

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!