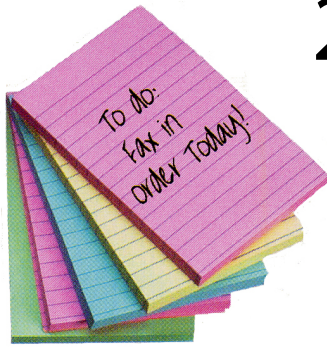


2008



*If Paying By Credit Card,
Please fill Out This Section*

Credit Card #: _____

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____



Would you like a phone call confirming this fax? Yes No

Date: _____ **Phone Number:** _____

Account #: (Leave blank if you don't have an account #) _____

Company Name: _____

Your Fax # _____

Street Address: _____

Contact Name: _____

P.O. #: _____

City: _____

State: _____ **Zip Code:** _____

Delivery Address: (If different from above) _____

Comments: _____

PAGE	ITEM#	DESCRIPTION	QTY.	UNIT	PRICE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

If You Have Any Returns, Please Fill Out This Section

ITEM#	QTY.	ORIGINAL ORDER#	REASON