

If you prefer...**Print** this Form, **Fill in** order info., and **Fax** to (409) 838.4966

Phone (409) 838.5391

SOLD TO ADDRESS:

Name: _____

Address: _____

City: _____ **State:** _____

Country: _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-Mail: _____

SHIPPING ADDRESS:

Name: _____

Address: _____

City: _____ **State:** _____

Country: _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-Mail: _____

QTY	ITEM-MODEL #	DESCRIPTION	UNIT PRICE	AMOUNT

Choose Shipping: <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS 2nd Day Air <input type="checkbox"/> UPS Next Day Air <small>(allow 5-6 days for ground service)</small>	Shipping & Handling	
	TX & LA Tax Only	
Payment Information: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	TOTAL	

Thank You for your Order

Name on Card: _____ **Date of Order:** _____

Street Address on card statement: _____ **Zip Code:** _____

Card Number: _____ **Exp. Date:** _____

Authorized Signature: _____ **V-code:(security code)** _____

-We will contact you to verify order information-