

### ORDER FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Phone Evening: \_\_\_\_\_ E-mail: \_\_\_\_\_

PRODUCT INFORMATION (Please include the product code, price, and description for each item.)

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Confirmation Number: \_\_\_\_\_

Shipping Method:  Send my Order Priority Mail Insured - \$9.95

Send my Order via Express Mail Insured - \$19.95

*Shipping & Handling: I use priority mail or express mail, insured to ensure reliable shipping.*

Payment Type:  Check  Money Order

Total Amount: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

Thank you for your order. I appreciate your business!