PLEASE CUT ALONG DOTTED LINE

BILL TO: (Credit Card Billing Address)		
Name/Business:		
Contact:		
Address:		
City:	State:	Zip:
Day Phone:	Evening Phone:	
Fax:		
Email Address:		

SHIP TO: Same address as billing ☐		
Name/Business:		
Contact:		
Address:		
City:	State:	Zip:
Day Phone:	Evening Phone:	
Fax:		
Email Address:		

Payment: Visa, Mastercard, American Express

Credit Card No. __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __

Exp. Date __ __-__ __ *CVV2 __ __ __ __

Signature: _____

P.O. ☐ (please attach) COD ☐ Check ☐

* Last 3 digit number printed on the back of Visa and Mastercard cards; or the 4 digit number on the front right of American Express cards.

Ship Via:

Ground 3-7 Days ☐

2-3 Bus. Days (no COD) ☐

1-2 Bus. Days (no COD) ☐

Special Due Date: Date: ___ / ___ / ___

Special Instructions: _____

_____

_____

_____

Ship Order:

Partial ☐

Complete ☐

Item No.	Color/Shank	Size	Width	Description	Qty	Each Price	Total

Subtotal	
MO residents add 8.241% sales tax	
Shipping and Handling	
COD add $9.00	
Grand Total	

Ordering Information:

1. Please give us your customer number as it is listed on your catalog address label.
2. Fill in complete Item Number, Description, Size, Width, Quantity, Color and Price.
3. COD orders add $9.00
4. To avoid delays in shipping your order, please provide a daytime telephone number in case of questions.