

**Billing Information**

Name:		Company:			
Address 1:		City:			
Address 2:		State:		Zip Code:	
Phone:		Email:			

**Shipping Information** Check here if same as above:  International:

Name:		Company:			
Address 1:		City:			
Address 2:		State:		Zip Code:	
Phone:		Email:			

**Payment Information**

Check: <input type="checkbox"/> Echeck: <input type="checkbox"/> Money Order: <input type="checkbox"/> Purchase Order: <input type="checkbox"/>	Credit Card: <input type="checkbox"/>	Card Type:		Exp Date:	
	Card/Purchase Order Number:				
	<i>Signature</i>				

**Order Information** Order Information Appended

Line	Item	Description	Quantity	Cost/Unit	Total Cost
1					
2					
3					
4					
5					
6					
7					

<i>Total From Appended Order Form:</i>				<i>Merchandise SubTotal:</i>		
<b>Shipping Method</b> <small>If Other: _____</small>				<i>Shipping Cost:</i>		
Ground <input type="checkbox"/> Home Delivery <input type="checkbox"/> Express Saver <input type="checkbox"/> 2-Day <input type="checkbox"/> Overnight <input type="checkbox"/> Other <input type="checkbox"/>				<i>Order Total:</i>		

**Special Instructions**