

Fax Order:
 1 530 309 4286

Your Contact Details:

Name: _____

Email: _____

Tel: _____

Quantity	Brand:	Product Type:	Color:	Sku Nr:	Price:
Please charge the following amount to my credit card:				Total:	
Shipping charges will be added to your order:					

Payment Details:

Visa MC

Card Number: _____

Last 3 digits: _____ Ex Date: (M/Y) _____
 On the back of card

Card Holders Name: _____

Billing Address: _____

Street 1: _____

City: _____

State: _____ Zip: _____

Shipping Address:

If the same as billing then leave blank:

_____ Zip: _____