

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

<b>Choose Shipping:</b> <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	
<b>Payment Information:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	<b>TOTAL</b>	

*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-*