Mail this form to:



OR

Order by phone/fax:

I-800-925-7853

1-812-331-8699

Tax ID# 74-3069167

		0	rdering l	nformatio	n			
Method of Payment				Cardholder's Name				
☐ Check Enclosed ☐ VISA								
Purchase 0	Order	Master Card		Card Number				Exp. Date
				Cardholder's Signature				
Bill to Information:				Ship to Information:				
Organization Accounts Payable				Name				
				Title/Organization				
A 11								
Address				Address				
City/State/Zip				City/State/Zip				
Phone				Phone				
			Ordei	Form				
Item No.		Title				Qty.	Price	Extended Price
		ng Information	If Subtotal is	Shipping is			Subtotal	
	Need you Phone ord 1:00 PM E	ng Information r order right away? ers placed before ST will be processed ed the same day, with-	Less than \$10 \$100-\$1000.	Shipping is 0 \$12.00 .12% of Subtotal . 10% of Subtotal			Subtotal	