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- Enter your information in the various fields
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BILLING INFORMATION: Individual Business

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 STREET OR ROUTE _____
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PAYMENT PREFERENCE:

- Payment Enclosed P.O. Number _____
- Credit Card Order
- Bill on Open Account – Upon Credit Approval
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CREDIT TERMS: NET 30 DAYS
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CREDIT CARD INFORMATION

-  VISA  MasterCard  American Express  Discover

Account No.

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EXPIRATION DATE ____/____

PRINT CARDHOLDER NAME _____

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Please Specify: CATALOG ITEM NUMBER, QUANTITY, PAGE NO., PRODUCT DESCRIPTION, SHIPPING WEIGHT, SIZE, and COLOR if applicable. When stating "quantity" please conform to our unit packing. Example: If our catalog states "set of 3," order 1 set (not 3). If goods are quoted "per doz.," order 1 doz. (not 12).

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Reasonable substitutions acceptable

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SUBTOTAL

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TOTAL

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