Order Form

Billing Address:

Name:_____ Phone #:_____

Addess:_____ Apt#:_____

City:_____ State:_____ Zip Code:_____

Email Address:_____

Shipping Address:

☐ If Same as billing

Name:_____ Phone #:_____

Addess:_____ Apt#:_____

City:_____ State:_____ Zip Code:_____

Fax to our order desk at:

(866)274-0750

Item #	Qty.	Scale	Description	Price	Item #	Qty.	Scale	Description	Price

Payment information:

Type of card: (M/C Visa):_____ Card #:_____ Exp. :_____

Note:

We will email you a total including shipping before anything is charged to your account. Please look for our email as we will not complete the order without you acceptance of the charges.

Thank you for your Business !!!!