## **<u>Mail Invoice/Receipt To:</u> TYPE INFORMATION INTO THIS FORM THEN PRINT**

## **Deliver Order To:**

Name:		Phone:	Name:		Phone:
Delivery Address 1:			Delivery Address 1:		
Delivery Address 2:			Delivery Address 2:		
City:	State:	Zip code:	City:	State: Z	ip code:
Country:			Country:		
Email Address:			Email Address:		

## **ITEMS ORDERED**

Line	Product	Gals/Din	nensions	Price	Qty	Total		
1								
2								
3								
4								
5								
(A) Total amounts in lines 1-10			Sub-total					
(B) Add Freight Charges			Total Freight	Charges				
Total rows "A" thru "B"			Sub-total (shipping charge to be added)*					
Charge	e my: VISA MASTERCARD	DISCOVER	ł					
CHAR	GE CARD NO:		<u>CVV NI</u>	JMBER?	EXP. DATE			
NAME ON CARD:								

\* Shipping cost varies by weight, method and distance shipped. We will contact you via e-mail or phone to verify your order and inform you of the shipping cost before processing your order if not already confirmed prior to you filling in the order form above. Thank you...

If you have any questions, you may reach us by phone at (907) 562-5755 during business hours or contact us online.

