



Order Form

Ship To:	Bill To: (if different than shipping address)
Name:	Name:
Address:	Address:
Apt./Suite:	Apt./Suite:
City:	City:
State:	State:
Phone #: (only used in case of problems with your order)	

Items Subtotal:	\$	
Shipping & Handling:	\$	(Add \$15 for expedited 2-day shipping)
Sales tax (8.2%)	\$	(Only if shipping to MO)
Total:	\$	

Credit card orders require the card holder's signature			
Circle type:	VISA	MasterCard	Discover American Express
Card number:			
Expiration Date:		Card security code:	
Signature:		Cardholder Name:	

