

## **USA Order Form**

## Print Out, Fill in and Fax to 1-888-600-0408

Company Name:	
Contact:	
Email Address:	
Address:	
City:	
State:	
Zip Code:	
Telephone:	
Size: 1/4" 3/16" 5 mr	n Quantity: Minipak:
Purchase Order Number: (if necessary )	
Shipping Method (please circle): Mail UPS	
Date Requested:	
Card Type: (please circle)	VISA MasterCard
Card Number: (1111 2222 3333 4444)	
CVC Code: ( XXX )	
Exp. Date: ( mm/yyyy )	
Amount approved ( before shipping charges )***	
Name on card:	
Address of Card Holder:	
Signature:	
UPS/	Freight FOB Georgia, USA US Post Freight calculated when shipped.