Print this form for fax ordering or mail ordering by check. Please fill in the information and send your check to the address above with a copy of this order. Money orders and cashier checks will be shipped immediately. Personal checks will be held for clearance of funds 7-10 days before shipping.

ORDER FORM

Item #1
Name of item: __________________________ Color: _______________
Size: _______________ Width (if applicable): _______________
Quantity: _______________ Price: _______________

Item #2
Name of item: __________________________ Color: _______________
Size: _______________ Width (if applicable): _______________
Quantity: _______________ Price: _______________

Item #3
Name of item: __________________________ Color: _______________
Size: _______________ Width (if applicable): _______________
Quantity: _______________ Price: _______________

Item #4
Name of item: __________________________ Color: _______________
Size: _______________ Width (if applicable): _______________
Quantity: _______________ Price: _______________

Item #5
Name of item: __________________________ Color: _______________
Size: _______________ Width (if applicable): _______________
Quantity: _______________ Price: _______________
TOTAL

Total order: _______________

Tax (if Nevada resident - 8.1%): _______________

SHIPPING INFO

Name on card: _______________________________
Address #1: _______________________________
Address #2: _______________________________
City: _______________ State/Province: ______ Zip Code: ______
Daytime phone: _______________ Evening phone: _______________
E-mail: _______________________________

PAYMENT INFO

Please check one of the following:
   ___ Visa ___ Master Card ___ Discover
Credit Card #: ____________________________________
Expiration Date: ____ / ____ (MMYY) Example: 08 01
CVV #_______(the last 3 numbers on the back of the card where you sign your name)
Name on card _________________________________
Address #1 _________________________________
Address #2 _________________________________
City _______________ State/Province: ______ Zip Code ______
Email: _____________________________________

Is the shipping address the same as the billing address:
   _____ Yes _____ No
Shipping method: ____ Regular _____ One-day _____ Two-day _____ Three-day
Fax number (for confirmation): ______________________________________
How did you hear about us? _________________________________ (specify i.e. search engine)