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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

Quantity	Description	Item #	Price ea.	Total price

Subtotal \_\_\_\_\_  
Indiana Residents add 6% Sales Tax \_\_\_\_\_  
Shipping Charges \_\_\_\_\_  
TOTAL \_\_\_\_\_

Please print clearly

Ship to: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**P. O. Boxes will be shipped via US Postal system**

**Method of payment: Please allow 10 days for personal check to clear bank**

\_\_\_ check \_\_\_ Money Order \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ American Express

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Print name as shown on card** \_\_\_\_\_