

(continued)

Qty	Model No.	Description	Price Each	Total
			SubTotal	
			Tax (Florida Residents Only)	
			Shipping Charge *	
			Total	

Desired Shipping Method: (check one):

UPS Ground____ UPS 2nd Day Air____ UPS Next Day Air____

Other (please specify)_____

*Shipping costs are actual costs charged to us by UPS, based on weight and method chosen; please contact us at 727 939 8853 or 866 254 0714 toll-free (USA-48 States) if you want to know actual costs in advance of placing your order.

Payment Information

1) CREDIT CARD

(Check one): VISA ____ MC____ American Express____ Discover____

First/Last Name given as your Billing Address should be exactly as shown on the credit card.

Card Number _____ Expiration Date _____

Last three digits on the back of the card, just above the signature line _____

International Customers only:

Name of Issuing Bank for the Credit Card _____

Telephone number on the back of the Credit Card for the Issuing Bank _____

2) Payment by Mail (enclosed) *

Money Order____ Cashier's Check____ Company Check____ Personal Check____

(*order will be shipped upon receipt of payment)

Thank you for your business!