FAX ORDER FORM Minimum Order Is $10.00 Excluding Shipping Charges.

Fax To: 978-741-3517

Payment Method:

Credit Card: __Visa __MasterCard __American Express __Discover

Card #: _____ Exp. Date. _____

Signature: _____

Shipping Address

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ Today's Date: _____

Quantity	Item Description	Item #	Price
		Sub Total	
		MA Residents Add 5% Sales Tax	
		Optional Insurance Charge (See Chart On Web Page)	
		Shipping and Handling Charges (See Chart On Web Page)	
		TOTAL	