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Name Address Citv State Zip Code Country USA Telephone No. Cell Phone No. **Email Address** Quantity **Product Code & Full Description Price Shipping Charges:** TOTAL: Visa ___ Credit Card Type: Mastercard __ American Express __ Credit Card No: Start Date: ___ / __ (MONTH / YEAR) End Date: ___ / __ (MONTH / YEAR) Issue No (if applicable): ___ Card Security Code: (LAST THREE DIGITS ON BACK OF CARD BY SIGNATURE STRIP) Cardholder Name:

Please debit my credit card listed above for the total amount shown on this order form.

Signature Print Name Date of order