Mail Order Form	 108 B Chestnut Street Mount Shasta, CA 96067 P: 530-926-1688 F: 530-918-9302
	Date:

Bill To:	**Ship To:** (if different from bill to)
Name:	Name:
Address:	Address:
City:	City:
State: ZIP:	State: ZIP:
Telephone: ( )	Attn:
	Telephone: ( )

Size:	Qty:	Description:	Price:	Total:

Total:	
S&H:	$9.30
TOTAL Amount:	

Method of Payment:
( )VISA ( )Mastercard ( )Check enclosed, #: _____

Exp. Date: ___ / ___ 3 digit security code: _____

Card No: __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __

Signature:

Thank you for your order!