

ORDERED BY:

Company: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

SHIP TO: *If different from "ORDERED BY"*

Company: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____


Quantity	Product #	Product Name	Price Each	Total Price

SHIPPING: Ground 2-Day
 3-Day Next Day

Subtotal	
Sales Tax <small>(CA add 7.75%)</small>	
Shipping	
Total Amount	

METHOD OF PAYMENT:

C.O.D.
 Check
 Credit card:
 VISA
 MASTER CARD
 AMERICAN EXPRESS

_____ *Card Number*
_____ *Card Security Code*  _____ / _____ *Expiration Date*
_____ *Signature*

***Print out, fill out,
and fax to CHA.***


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