

BILLING INFORMATION (* Required Information)			SHIP TO DIFFERENT ADDRESS (* Required Information)			
☐ Return	ing Customer √					
Country*			Country*			
First Name*			First Name*			
Last Name*			Last Name*			
Company Name			Company Name			
Address*			Address*			
Address 2			Address 2			
			City*			
StateZip Code*			StateZip Code*			
Item						
Number	Product D	tions	Price/Unit	Quantity	Total \$	
Trumbor						
					SUB TOTAL	\$
					SHIPPING	\$
					GRAND	φ.
					TOTAL	\$
				•	•	
CALCULAT	TING SHIPPING & HANDLI	NG COSTS:				
Order Sub	Total \$20 - \$60 = \$14 S/H	Order Sub Tota	l \$61 - \$100 = \$20 S/H	H Order Su	ıb Total \$100-	+ = \$24 S/H
					·	·
PAYMENT	INFORMATION ✓:					
	se Order Number (Attach P.	0.)				
	s Check Enclosed for \$	•				
	Card/Debit Card: (We will er	· ·	or secure credit card	navment onli	ine)	
	me on Card:			paymont ont		
116						
ORDER NO	DTES (If you have any speci	al requests for v	our order, please not	e them here)	•	
		,		,		
EMAIL ORDER FORM TO: Sharon Putmar			n, <u>sharonwputman@</u>	cs.com		
2 (12 0)	OR	STORISH STATISTICS STORING				
MAIL TO:		Strategic Work Systems, Inc.				
TALE 10.		P.O. Box 70				
			20722 0070			
Contact us if you have questions		Columbus, NC				
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