

Billing Address (Please print or type)

Name/Title _____

Company/Clinic _____

Street, P O Box (Billing address) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Delivery Address (If different than "Billing Address")

Name/Title _____

Company/Clinic _____

Street (UPS requires a street address, not a P O Box number) _____


City _____ State _____ Zip _____


Phone _____ Fax _____


E-Mail _____

Today's Date	Date Delivery Req'd	Purchase Order No.	Shipment Method
			<small>Unless otherwise requested, we ship most items by UPS or Parcel Post</small> <input type="checkbox"/> UPS <input type="checkbox"/> Parcel Post <input type="checkbox"/> Next Day Air <input type="checkbox"/> 2nd Day Air <input type="checkbox"/> Truck <input type="checkbox"/> Other

- (Our tags are custom manufactured, please allow a minimum of 3 weeks for delivery.)
- Check Enclosed for \$ _____ Open an Account (Please see Credit Application on back.)
- Bill Us : Acct. No. _____ (If you have ordered from us before on a cash basis and wish to have an open account, please fill out a Credit Application. Please allow 4 to 6 weeks for processing.)

 Card Number

 Cardholder's Name _____

 Signature _____

Month Year Expiration Date

Security Code

Quantity	Style	Size	Color	Material	Item Name	Number series		Special Stamping Special Dimensions, Holes, Etc. May we abbreviate, if necessary <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight	Unit Price	Totals
						Starting Number	Ending Number				

Notes & Sketches

Tags will be used to identify:

Did you remember applicators, attachments, special packing, etc?
Please add any applicable "special charges" indicated by letter code in the price list.

Shipping and Handling Charges
(for UPS Ground or USPS only)
Multiply weight times zone, then add \$6 for Total Shipping & Handling

Zone 1 \$.30/lb.	Zone 2 \$.40/lb.	Zone 3 \$.50/lb.
AL AR GA	CT DC DE	AZ CA
IA IL IN	FL KS MA	CO ID
KY NJ NY	ME MN ND	MT NM
MD MI MO	NH NE OK	NV OR
MS NC OH	LA RI SD	UT WA
PA SC TN	TX VT	WY
VA WI WV		

Total Weight	_____ lbs.
Zone Charge	\$ _____ X
_____ + \$6.00 =	
TAX (6% Ky Residents)	
Minimum Order \$25.00	Total \$