



2217 Cottdale Lane, Suite B2  
Little Rock, Arkansas 72202  
USA

Customer Information:

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Telephone: (Day) ( ) \_\_\_\_\_ (Evening) ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address:

Street / P.O.: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Shipping Address:

Street: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Order Information:

Shipping Date:

Quantity	Model Description	Model#	Cost	Shipping	Total

Total Purchase: \_\_\_\_\_

Credit Card: VISA  MasterCard  American Express  Discover  Other \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount Billed: \_\_\_\_\_ Date: \_\_\_\_\_

Balance: \_\_\_\_\_ Date to be billed: \_\_\_\_\_

Sales Person: \_\_\_\_\_