



THE POCKET MOLD FINISH GUIDE ORDER FORM

SHIP TO:

Contact _____

Company _____

Address _____

City, State, ZIP _____

Phone _____

Email _____

BILL TO:

Contact _____

Company _____

Address _____

City, State, ZIP _____

Phone _____

Email _____

PAYMENT

- Check Enclosed
- Send C.O.D. (Add \$10 S/H)
- Credit Card

Card# _____

Exp. Date _____ CV2 Code _____

Signature _____

If emailing, please do not fill out your credit card info.
A Bales rep will contact you shortly.

ORDER DETAILS

Quantity
1 item is \$315. Quantity (_____) X \$315 = \$ _____

Sales Tax
 Check if ordering from IL (IL Only 8.25% Sales Tax) \$ _____

Shipping & Handling
\$9.95 for 1 item. \$3.00 for each additional item. \$ _____

Subtotal \$ _____

THANK YOU FOR YOUR ORDER!