

TOM BIHN ORDER FORM

FAX TO: (+1) 360-452-0117

(use a separate page for additional information or special instructions)

For office use only

Ship To:

Name _____
Company _____
Street Address _____
City _____
State or Province _____
Zip or Postal Code _____
Country _____
Phone _____ FAX _____
email _____

Bill To (if different; must match credit card billing address):

Name _____
Company _____
Street Address _____
City _____
State or Province _____
Zip or Postal Code _____
Country _____
Phone _____ FAX _____
email _____

Shipping:

Please indicate your preferred shipping method; refer to our shipping webpage for more details:

<http://tombihn.com/shipping.html>

- UPS Ground
- UPS 3Day Select
- UPS 2 Day Air
- UPS Next Day Air
- UPS Expedited
- Priority Mail

We'll get back to you with a total price.

PLEASE NOTE THAT FAXED ORDERS TAKE A DAY OR TWO LONGER TO FILL.

Credit Card: VISA MasterCard AMEX Discover

Credit Card # _____ Name on card _____

Expiry Date (mm/yy) ____ / ____ We will call you for the CVV2/security code

Code	Product Description	Color	Price	Quantity	Subtotal

Total _____