

03/01/06



Mailing Address: PO Box 150231
Lufkin, TX 75915

Order Form



1(888) 557-5225 toll free
(936) 853-3626 outside US
(936) 853-4822 fax
(Hours: Mon-Fri 8:00-5:00 CST)

Today's Date _____
Daytime Phone _____ Contact Person _____

Sold To:
Business Name _____
Address _____
City _____
State _____ Zip _____

Ship To:
Business Name _____
Address _____ Res. _____
City _____
State _____ Zip _____

Item	Model No.	Size	Crt	Wt	Qty	Price	Total
Foot Clamps	F375-900	3.75" x 9"	10	65		10@59.97+25.00	624.70
	F575-900	5.75" x 9"	10	68		10@65.97+25.00	684.70
	F575-1200	5.75"x12"	10	70		10@87.97+25.00	904.70
Span Clamps	S375-900	3.75" x 9"	10	58		10@29.97+25.00	324.70
	S575-900	5.75" x 9"	10	61		10@32.97+25.00	354.70
	S575-1200	5.75"x12"	10	63		10@38.97+25.00	414.70
E-Z Arch Package 1*	1P375-900	12 Foot Clamps					1329.08
	1P575-900	18 Span Clamps					1455.08
	1P575-1200	2 Crates, 1 Socket Ext.					1827.08
E-Z Arch Package 2*	2P375-900	20 Foot Clamps					2218.48
	2P575-900	30 Span Clamps					2428.48
	2P575-1200	4 Crates, 1 Socket Ext.					3048.48
Socket Extensions	SE375	3.75"					19.98
	SE575	5.75"					19.98
1/16" Thick (.062") Laminating Bands + \$25.00 Crate Charge (price/each) <i>special order lengths available</i>	0620208	2" x 8'					40.00
	0620210	x10'					50.00
	0620212	x12'					60.00
	0620608	6" x 8'					110.00
	0620610	x10'					140.00
	0620612	x12'					168.00
	0620908	9" x 8'					176.00
	0620910	x10'					220.00
	0620912	x12'					264.00
	0621208	12" x 8'					224.00
0621210	x10'					280.00	
0621212	x12'					336.00	
Lamination Winch							449.95
Makita 6940DWA							249.95
DVD Instructional		<i>(free with package order)</i>					99.95
VHS Instructional		<i>(free with package order)</i>					99.95

*Laminating bands sold separately.

Total Amount of Order		
Shipping/Handling Charge		
TX Residents, 6.75% Tax		
Total amount ENCLOSED		

Method of Payment

Master Card Visa Discover American Express
 Foreign Postal Money Order in U.S. Funds
 Check/Money Order (Checks subject to a clearing time)

Credit Card No. _____ Name (As it appears on card) _____
 Expiration Date _____ Billing Address _____
 V# _____ City, State, Zip _____

Signature _____