

ORDERING INFORMATION  
E-MAIL FOLLOWING COMPLETED FORM  
FAX FORM 860-848-9302  
CALL TOLL FREE 866-848-1113

BILL TO ADDRESS	SHIP TO ADDRESS
ORGANIZATION:	ORGANIZATION:
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY:                      STATE:              ZIP:	CITY:                      STATE:              ZIP:
PHONE: (     )	PHONE: (     )
FAX: (     )	FAX: (     )
E-MAIL:	E-MAIL:

PO# \_\_\_\_\_

PAYMENT    VISA                      AMEX                      MASTERCARD                      DISCOVER  
CREDIT CARD # \_\_\_\_\_ CVV2 # \_\_\_\_\_  
3 DIGIT CODE ON BACK OF CARD

SIGNATURE \_\_\_\_\_ EXP DATE \_\_\_\_\_

ITEM NO	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE

ADD 15% S&H \_\_\_\_\_  
CT RESIDENT ADD 6% SALES TAX \_\_\_\_\_  
TOTAL COST \_\_\_\_\_