

PRINT THIS ORDER FORM

Name _____ IFPO Member# _____

(opt)business name _____

Address _____

City/State(prov.) _____ State(prov) _____

ZIP/Postal Code _____ Country _____

Phone/Fax _____

Email _____

Payment Method (check one): check/M.O. ___ Credit Card _____

Credit Card# _____

Expiration Date: _____ signature _____

Circle One: Visa Mastercard American-Express Optima

ITEMS ORDERED:

--CATALOG# or ITEM# --QUANTITY-- -----PRICE--- DESCRIPTION

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

-----SHIPPING----- _____ SEE SHIPPING TABLES BELOW

-----TOTAL AMOUNT- _____ ENCLOSED

Mail to: IFPO Order Dept. PO Box 42, Hamptonville NC 27020-0042 USA.

or **Fax to:** (using a Credit Card) 1-336-468-1899

or **CALL 1-800-654-9557** with your Credit Card.