

PRINTABLE SALES ORDER FORM

Purchaser Information

Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Work Phone: _____ - _____

Home Phone: _____ - _____

FAX #: _____ - _____

Email Address: _____

Shipping Information

Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Comments or Message:

Qty.	Product	Description	Price	Total
		(California Residents 7.25% Sales Tax)	TAX	
			S&H	
			TOTAL	

Payment Information

Check/Cash: Money Order:

MAIL TO:

TRY-TECH INDUSTRIES
4590 LARKIN ROAD
OROVILLE, CA 95965

THANK YOU FOR YOUR ORDER!

IF YOU HAVE ANY QUESTIONS FILLING
OUT YOUR ORDER FORM PLEASE CALL
TOLL FREE 866-337-2381

Credit Card:

VISA MC AMEX DISC

Card Number: _____

Exp Date: ____ / ____

CVV 2 # _____

(CV V2 = last 3 digits on back of card)