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ORDER FORM

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BILL TO: Name Customer	D or CA Resale License	SHIP TO: Name	Shipping Address is Same as Billing Address	Dat
Company Name		Company Name		
Address		Address		
City	State Zip Code	City	State	Zip Code
Phone (w/Area Code) Fax (w/Area Code)	Phone (w/Area Code)	Fax (w/Area C	Code)
Email		Email		
Website		Website		
PAYMENT: Visa Mas	Credit Card Nur	mber		Expiration
Prepaid Check, Money Order Pay	<u></u>			Security Code
	Billing Statemen	nt Address (req'd)		Zip Code
QTY STOCK NO. MASC	OT NAME		PRICE	EXT.
Production time for orders is two weeks and please allow enough time for ship-			Subtotal	
DATE NEEDED	= =	and Day Other (specify below)	Standard Shipping	
Rush Orders are accepted and a \$200 surcharge will be added. Deadlines for rush orders must be presented in writing.	To save additional time you control and shipping charges we	an always request Next-Day	y, 2nd or 3rd Day Shipping.	TOTAL