ORDER FORM

LTB Gordonsart, Inc.

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IF YOU WISH TO INSTITUTE A STANDING ORDER, PLEASE INDICATE THE TITLE(S) AND QUANTITY HERE:

DATE YOUR REFERENCE/P.O. NUMBER HOW DID YOU HEAR ABOUT US?

ORGANIZATION NAME

ADDRESS

ADDRESS CITY STATE/PROVINCE

ZIP/POSTAL CODE COUNTRY

PHONE NUMBER FAX NUMBER

E-MAIL ADDRESS WEB ADDRESS

Page	Item #	Description	Quantity	Price	Total
				Sales Tax (9.3% in AZ)	
				Bank Wire Charges (if any)	
				Shipping from Opposite Page	
				Grand Total Enclosed/Charged	

Please see next page for postage charges and payment options.
Please indicate payment preference (please see policy on NEXT PAGE):

☐ Check ☐ Money Order ☐ Wire Transfer ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

CREDIT CARD # (Please write legibly) SECURITY CODE

CARDHOLDER NAME (Please note if your company's name is listed on the card as well)

Credit Card Billing Address (If Different than Above)

EXP. DATE SIGNATURE