

C.CRANE

ORDER FORM (Please Print)

Bill To: (Mailing Address) **Customer Number:** (From Back Cover) _____
Name: _____ Area Code / Phone () _____
Street _____ Apt. No. _____
City _____ State _____ Zip Code _____
Email (For Order Tracking Information) _____

Add me to your Email List for Special Offers and more.

Ship To: Same Address This is a Gift Order

Name: _____ Area Code / Phone () _____
Street _____ Apt. No. _____
City _____ State _____ Zip Code _____

Order Information:

Qty	Pg#	Item#	Description	Each	Total

Subtotal \$ _____

(See Page 22 for Shipping Information and Charges) Shipping \$ _____

Tax \$ _____

Total \$ _____

YES, Please send me your Annual Catalog.
(We do not release your information.)

Help us support people that support us. Please tell us how you heard about C. Crane.

Radio Show, Host or Station: _____

Web Website: _____

Magazine / Other / Friend _____

Method of Payment: Check Money Order Credit Card

Card Number: _____/_____/_____/_____ Security Code: _____

Signature: _____ Exp. Date: _____/_____/_____

Mail to: C. CRANE, 172 MAIN ST, FORTUNA, CA 95540-1816
Phone: 1-800-522-8863 **Fax:** 1-707-725-9060 **Web:** ccrane.com
Please do not send cash. Personal checks must be from U.S. banks and in U.S. funds.