

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 _____
Email (package tracking info) _____

Ship to: Same address This is a gift order
Name _____ Area Code / Phone () _____
Street _____ Apt. No. _____
City _____ State _____ ZIP _____

Order Information:

Qty	Pg #	Item #	Description	Each	Total

Thank You
For Your Order

Ship as items are available, or Ship order complete Subtotal _____
If shipping to Calif., add Sales Tax @ 8.5% (*subject to change*) _____
(See other side for additional Shipping Information) Shipping Charges _____

Yes, please send me your Fall 2018 catalog. Total _____
We do not release your information.

Please help and let us know where you heard about us:

Radio Show, host or station? _____
 Web Website? _____
 Magazine / Other / Friend Which one? _____

Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> DISC / MC / VISA / AMEX
Card Number _____ / _____ / _____ Sec. Code _____
Signature _____ Exp. Date _____ / _____