

FAX TO NHFA AT (336) 801-6102

Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Contact: _____

SHIP TO

Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Contact: _____

METHOD OF PAYMENT:

MasterCard Visa American Express

Credit Card # _____

Expiration Date _____

Authorized card holder signature _____

Please print name _____

Check if paying by check. An invoice will be faxed to you upon receipt of order. Do not total. Freight must be calculated by NHFA.

| Quantity | Item # | Item Description | Unit Price | Total |
|----------|--------|------------------|------------|-------|
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| | | | | |

subtotal _____

Freight (to be calculated by NHFA) _____

tax* (if applicable) _____



*Add appropriate sales tax if you're located in CA or NC. Prices are subject to change.