

ORDER FORM

WTR 08

BILLING ADDRESS*		SHIPPING ADDRESS ■ SAME AS BILLING ADDRESS	
Residence <input type="checkbox"/>	Business <input type="checkbox"/>	Residence <input type="checkbox"/>	Business <input type="checkbox"/>
Name		Name	
Address	(can't ship to PO boxes)	Address	(can't ship to PO boxes)
	Apt/Ste #		Apt/Ste #
City		City	
State	Zip	State	Zip
email		email	
Daytime Phone ()		Daytime Phone ()	

REQUIRED

REQUIRED

*If paying by credit card, billing address must match address registered with card.

Recipient's Time Zone EST CNT MTN PAC

QUANTITY	PLU #	ITEM DESCRIPTION	COST PER	TOTAL

METHOD OF PAYMENT	SUBTOTAL
<input type="checkbox"/> CHECK (make out to CSBPS)	Shipping/handling (see below)
CREDIT CARD <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	WA Sales Tax (WA residents, add sales tax on products and shipping)
Card #	Donation (optional)
Exp Date	TOTAL
Signature	

SHIPPING AND HANDLING CHARGES

Less than \$15.00	\$4.95
\$15.00 to \$49.99	\$7.95
\$50.00 to \$99.99	\$9.95
\$100.00 to \$199.99	\$12.95
\$200.00+	\$17.95

For shipping to Alaska, Hawaii or Canada, or for expedited shipping please call (800) 458-4888 for rates.

Note: all rates are for UPS Ground.

(800) 458-4888 • www.sightconnection.com
CSBPS, 9709 Third Ave NE #100 • Seattle, WA 98115-2027

All prices and rates subject to change without notice.