

# Order Form

|                       |  |
|-----------------------|--|
| Order Date:           |  |
| Order Pick Up Date:   |  |
| Special Instructions: |  |
| Sold To:              |  |
| Phone:                |  |

| Quantity          | Item/Description | Price/Item | Subtotal |
|-------------------|------------------|------------|----------|
|                   |                  |            |          |
|                   |                  |            |          |
|                   |                  |            |          |
|                   |                  |            |          |
|                   |                  |            |          |
|                   |                  |            |          |
|                   |                  |            |          |
|                   |                  |            |          |
| <b>Total</b>      |                  |            |          |
| <b>Amount Due</b> |                  |            |          |

Fax or mail your order form to the office where you would like to pick up your products:

**Sequim**  
 Fax: 360-452-6865  
  
 Mail: P.O. BOX 188  
 Carlsborg, WA 98324

**Port Hadlock**  
 Fax: 360-379-8389  
  
 Mail: 219-D WEST PATISON  
 Port Hadlock, WA 98339