

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

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.