Proctor Enterprises

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Order Form

Print this order form, then fill it out and fax or mail it to us, along with your payment, to our address listed above.

Name____ **Date**____________________

Address______________________________________ **Phone**___________________

City, State, Zip____

Part #	Description	Qty	Price Ea.		Subtotal	
				Handling, Shipping, & Insurance		
				Total:		

Payment type: **(Please check one)**	**Money Order**____ **Check**____ **Discover**____ **Visa**___ **Mastercard**____ **American Express**____
Credit Card #________________________________	**Expires (mm/yyyy)**__________