

# Order Form




<p><b>SHIP TO:</b> Account # _____</p> <p>Attention: _____</p> <p>Business Name: _____</p> <p>Address: _____</p> <p>City: _____ (Not P.O. Boxes!) State: _____ Zip: _____</p> <p>Phone: ( ) _____ - _____ ( ) _____ - _____ eMail Address: _____  <small>(Home) (Work or Cell)</small></p>	<p>_____ Tax Payers Identification Number</p> <p><b>OR</b> _____ - _____ - _____          Social Security Number (Must Provide Name)</p> <p><b>&amp;</b> _____          Name (Not Business Name)</p>
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**For Tax Reporting Purposes:** if this is ordered for your business, please give us your tax number; if this is ordered for an individual, please fill in the individual's name and social security number. We cannot ship with out this information.

**Shipping:** Most orders are delivered by UPS or Federal Express, and they cannot deliver to P.O. Boxes. Failure to provide correct shipping address may result in delivery delays. Please put an individual's name on this form to insure correct shipment. THANKS!

**See the whole catalog online at [www.blevinsinc.com](http://www.blevinsinc.com)**

<p>Are You a (Check One)</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Sole Proprietor</p> <p><input type="checkbox"/> Other _____</p> <p><b><a href="http://www.blevinsinc.com">www.blevinsinc.com</a></b></p> <div style="text-align: center;">  </div>	<p style="text-align: center; background-color: black; color: white; font-weight: bold; padding: 2px;">Please type or print to insure the accuracy of your order.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Qty.</th> <th style="width: 10%;">Item#</th> <th style="width: 45%;">Description</th> <th style="width: 15%;">Model#</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="text-align: center; font-weight: bold; margin-top: 10px;">You may copy this form, fill it out, then fax to (615) 742-4351</p> <p style="text-align: center; font-size: small;">Or mail it using the address below.</p>	Qty.	Item#	Description	Model#	Points																																																		
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**The Winners Circle**  
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