Order Form

Office Use Only

Order Number: _____

Order Received: _____

Ship Date: _____

Quantity	Form Number	Name of Set	Price

Method of Payment:

❑ Bill me (invoice including postage, handling and sales tax (if applicable) will be sent with shipment.

❑ VISA; ❑ MasterCard; ❑ Check (payable to NDF Co.)

Name on card _____

Card No. __ __ __ __ – __ __ __ __ – __ __ __ __ – __ __ __ __

Expiration date: _____

Signature: _____

Total merchandise ..... $_____

Postage and Handling ..... $_____

Subtotal ..... $_____

Sales Tax * ..... $_____

Total of Order ..... $_____

*Kansas residents add sales tax at your local rate

Please ship forms to:

_____

_____

_____

_____

_____

Phone: _____

Fax: _____

Send invoice to (if different):

_____

_____

_____

_____

_____

Your purchase Order No.: _____

Person ordering: _____

NDF CO.

P. O. Box 725
Newton, KS 67114
www.ndfco.com

Call (316) 283–3628 or Fax (316) 283–3635 for immediate order processing.

9/3/08