



ORDER FORM

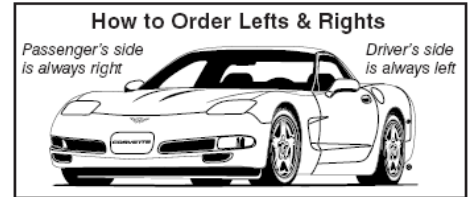
NAME, ADDRESS & PHONE

NAME _____
 BUSINESS NAME _____
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE () _____ FAX () _____
 EMAIL _____

Lonestar Caliper Co.
 11299 Interstate 20
 Canton, TX 75103
 Phone (903) 829-8400
 Fax (903) 829-8405
 ken@lonestarcaliper.com
 www.lonestarcaliper.com

SHIPPING ADDRESS

NAME _____
 BUSINESS NAME _____
 ADDRESS _____
 CITY _____ ST _____ ZIP _____



Ship Via: ___ UPS ___ FedEx
 ___ Truckline_____

QTY	ITEM#	DESCRIPTION	COLOR	SIZE	ITEM PRICE	TOTAL

METHOD OF PAYMENT

Check (Name, Address and Check # must be imprinted on check)
 Money Order
 Visa Mastercard Discover American Express

Name (as on Card) _____
 Card Number _____ Exp _____
 Credit Card Address _____
 City _____ ST _____ ZIP _____
 Signature _____

Total Merchandise	
Shipping will be calculated when order is processed	
C.O.D. Fee Add \$8.50	
Misc Charges	
Total Amount of Order	

PRICE SUBJECT TO CHANGE WITHOUT NOTICE