

OFFICE USE ONLY
 Order Number: _____
 Order Received: _____
 Ship Date: _____

ORDER FORM

QUANTITY	FORM NUMBER	NAME OF SET	PRICE

Method of Payment:

- Bill me – invoice including shipping, handling and sales tax (if applicable) will be sent with shipment.
- Check (payable to NDF Co.)
- VISA; MasterCard; Discover Card
- Name on card _____
- Card No. _____ - _____ - _____ - _____
- Expiration date: _____
- Signature: _____

Total merchandise \$ _____
 Shipping 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.