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)**__________	