

Hali-Brite Inc. Order Form

Mail or Fax this form to:

**Order Desk
Hali-Brite Inc.
P.O. Box 10
Crosby, MN 56441**

Date _____

**Phone: 1-800-553-6269
Fax: 1-218-546-6854
Hours: 8am to 5pm M-F**

Ship to: _____

Bill to: _____

Your Name: _____
Company: _____
Po# _____

Phone: _____
Fax : _____
Ship Via _____

Qty	Part #	Description	Unit Price	Total Price

<p>Please check proper lines: ___ Cancel backorders after ___ days ___ Pre-Paid Order (Please include check) ___ COD Order ___ Open Account (Pending approved credit) ___ Visa - Account # _____ ___ Expiration Dates _____ to _____ ___ MasterCard Acc# _____ ___ Expiration Dates _____ to _____ Cardholders Signature _____</p>	<p>Sub-Total _____ Shipping _____ Total _____</p>
---	--

Signature _____

Title _____