

ORDER DATE: _____

<p>SHIP TO: Name: _____ *Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ E-Mail: _____ *Please use street address for shipping. No P.O. Boxes.</p>	<p>BILL TO: Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ FAX YOUR ORDER 24 Hours a Day-7 Days a Week PHONE: 732-602-2152 FAX: 732-602-0529</p>
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<u>QTY.</u>	<u>PRODUCT #</u>	<u>PRODUCT DESCRIPTION</u>	<u>PRICE EACH</u>	<u>TOTAL</u>

<p>METHOD OF PAYMENT: <input type="checkbox"/> I have enclosed a check or money order for total order. (MAKE CHECKS OR MONEY ORDERS PAYABLE TO A.E.M. ENTERPRISES) <input type="checkbox"/> Charge to my credit card below: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER</p>	<p>Sub-Total _____ * NJ Tax 7 % _____ Shipping Charge _____ Total Order _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>CARD NUMBER (ALL DIGITS PLEASE) _____ DATE: _____</p> <p style="text-align: center;">EXPIRATION _____ / _____</p> <p>CARD HOLDERS NAME (PLEASE PRINT) _____</p> <p>CARD HOLDERS SIGNATURE _____</p>	<p>*SHIPPING CHARGES</p> <p>\$.01-\$25.00 add \$5.50 \$25.01-\$50.00 add \$6.50 \$50.01-\$75.00 add \$7.50 \$75.01-\$100.00 add \$8.50 \$100.01-\$150.00 add \$10.50 OVER \$150.00 Call for Quote!</p>
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