



Order Form

Date _____

SHIP TO

First Name:	_____	Last Name:	_____
Street Address:	_____		
Street Address:	_____		
City:	_____	State:	_____
Zipcode:	_____		
Phone:	_____		
Email:	_____		

FLASHLIGHT INFORMATION

Size: ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 CELL **Battery:** ___ D ___ C **SER#:** _____

Battery Leak: ___ YES ___ NO ___ UNKNOWN

D Cell Head Size: ___ LARGE ___ MEDIUM ___ SMALL

Switch: ___ PLASTIC SLIDE ___ METAL SLIDE ___ PUSH BUTTON

QTY	PART #	Description	Price Ea.	Total Price

MERCHANDISE TOTAL _____

LABOR _____

SHIPPING _____

SALES TAX _____

TOTAL DUE _____

PAYMENT METHOD

PAYPAL ___ CHECK/MONEY ORDER ___ CASH ___