FSG ORDER FORM **DATE** _____

Name _____

Address _____

City/St/Zip _____

Phone ( ) _____ Alt. Phone ( ) _____

☐ Please bill my Visa / MasterCard/Discover:

Card # _____ Exp. Date _____

☐ **THIS IS A GIFT. Please ship to:** Name _____

Address _____ City/St/Zip _____

Item#	**Item Name**	**Unit Price**	**Qty**	**Total**

Subtotal $ _____

Michigan Residents: Add 6% Sales Tax $ _____

FOR OFFICE USE:
❑ Shipped

Date _____

By _____

SHIPPING & HANDLING
Add to the Subtotal:

Under $15.00	$5.00
$15.01 to $30	$6.00
$30.01 to $70	$7.00
$75.01 to $125	$8.00
$125.01 up	7% of subtotal

◀ Shipping $ _____

Add'l Alms $ _____

TOTAL $