Bill To:

Name: ______________________

Title: ______________________

School or Institution: ______________________

Billing Address: ______________________

City: ______________ State ____ Zip ______

Telephone: ______________________

Fax: ______________________

E-Mail: ______________________

Ship To:

Name: ______________________

Title: ______________________

School or Institution: ______________________

Shipping Address: ______________________

City: ______________ State ____ Zip ______

Telephone: ______________________

Fax: ______________________

E-Mail: ______________________

Method of Payment

❑ Check Enclosed *(Payable to NIMCO, Inc. in USA Funds)*

❑ Bill my Purchase Number ______________________

Payment due upon receipt of invoice

Please Charge my: ❑ Master Card ❑ VISA ❑ Am. Express ❑ Discover

Cardholder Name: ______________________

Card Number: ______________________

Exp. Date ______ / ______

CID# ______________ { *Last 3 digits printed on the signature strip of Mastercard or VISA. The small 4 digits on the front of American Express.* }

Signature: ✗ ______________________

*** Prices are subject to change without advanced notice.**

Qty.	Item Number	Title or Description **(Please make copies if extra space is needed)**	Price of Each	Total Price
		Sales Tax California 7.25% (unless tax exempt) **Kentucky 6%** (unless tax exempt)		
		Shipping/Handing & Insurance *(10% of Total amount - Min. charge of $8)*		
		GRAND TOTAL *(Payable in U. S. Funds Only)*		

NOTE: International Orders *(actual shipping)*

Mail: 102 Hwy. 81 North
Calhoun, KY 42327

Call: 1-800-962-6662
1-270-273-5000

Web: www.NimcoInc.com

Local: 270-273-5050