

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: **X** _____

<i>* Prices are subject to change without advanced notice.</i>				
Qty.	Item Number	Title or Description <small>(Please make copies if extra space is needed)</small>	Price of Each	Total Price

NOTE: International Orders <i>(actual shipping)</i>	Sales Tax California 7.5% (unless tax exempt) Kentucky 6% (unless tax exempt)
	Shipping/Handing & Insurance <i>(10% of Total amount - Min. charge of \$8)</i>
	GRAND TOTAL <i>(Payable in U. S. Funds Only)</i>