



Check#.







Exp: _

CVC:

Mail completed form to the address below:

The MacRay Company, LLC 100 W North St. Springfield, OH 45504

| DESCRIPTION | SIZE | QTY | PRICE | TOTAL | |
|-----------------------------------|----------------|---|-------|---------|--|
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| | | | | | |
| | | Shipping | | \$12.00 | |
| | | GRAND TOTAL | | | |
| Shipping Billing Address: Address | ess: | Please make checks payable to "The MacRay Company." | | | |
| *INCLUDING ZIP | *INCLUDING ZIP | | | | |

Credit Card: