

**Customer Information**

## ORDER FORM

**Order Number:**

**Bill To:**

Last Name		Phone 1	Phone 2
First Name		Email	
Street Address	City	State	Zip Code

**Ship To:** ( Check here if same as "Bill To" address)

Last Name		Phone 1	Phone 2
First Name		Email	
Street Address	City	State	Zip Code

Check here if you do NOT wish to receive updates or promotions via Email. BHE International will not share our email address with any third parties.

**Order Information:**

Item No.	Quantity	Item Description	Unit Price	Subtotal

Credit Card No.:	<input type="text"/>	Type:	<input type="text"/>	Subtotal	<input type="text"/>
	Month	Year	Security Code	Shipping	<input type="text"/>
Credit Card Expiration:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tax	<input type="text"/>
Billing Zipcode	<input type="text"/>			Total	<input type="text"/>

**Please Fax your order to 760.245.5667, or Mail to the address above.**