

## ORDER FORM

Full Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City. \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone. \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

*If paying by check, please provide 2 references: preferably nationally known dealers or auction houses. If references are not nationally known, please provide their contact information.*

Reference 1: \_\_\_\_\_

Reference 2: \_\_\_\_\_

CSA membership number \_\_\_\_\_

APS membership number \_\_\_\_\_

USPCS membership number \_\_\_\_\_

Other, membership number \_\_\_\_\_

Item number \_\_\_\_\_ Brief description \_\_\_\_\_ Price \_\_\_\_\_

Item number \_\_\_\_\_ Brief description \_\_\_\_\_ Price \_\_\_\_\_

Item number \_\_\_\_\_ Brief description \_\_\_\_\_ Price \_\_\_\_\_

Item number \_\_\_\_\_ Brief description \_\_\_\_\_ Price \_\_\_\_\_

Sub-total \_\_\_\_\_

Discount \_\_\_\_\_ See Ordering and Sales Policies on the website

Shipping \_\_\_\_\_ See Ordering and Sales Policies on the website

Total \_\_\_\_\_

I will send check or money order in U.S. funds.

I prefer to pay with PayPal/credit card. Please e-mail me an invoice.

I have read, acknowledge and understand the Terms and Conditions of sale.

Signature \_\_\_\_\_

*All orders will be acknowledged. If you don't get an acknowledgment within 24 hours, I didn't receive the order for whatever reason. If that happens, please call or try direct e-mail.*

**Remit orders to:** Patricia A. Kaufmann, 10194 N. Old State Road, Lincoln, DE 19960  
Phone: (302) 422-2656; Fax: (302) 424-1990; E-mail: trishkauf@comcast.net