

Mat Lamp and/or Hoist Kit Order Form

Name:

School/Company

Street Address:

City:

State:

Zip:

Number of Lamps: ____ x (725 +75 shipping) = \$ _____

Number of Hoist Kits: _____ X (725 + 75 shipping) = \$ _____

Pay Pal Charge: \$25 X (Number ordered) = \$ _____

TOTAL = \$ _____

PO or Check Information:

Phone:

Fax:

Comments?: