ORDER FORM

Mail this order form to: Trufitt Life Form Mannikins, Inc. 1744 South Redwood • Salt Lake City • UT 84104 **Call: 1 800 874-7660**

Date Received: Invoice Number:							
Company N	Name:						
	PLI	EASE PRINT OR TYPE					
Owner's Name: Phone							
Street:							
		State:_					
Credit Card	MasterCard	Cotal Amount Enclosed:		Exp. Date:			
CHECK				· · · · · · · · · · · · · · · · · · ·			
Qty	Stk #	Name of Article/Description/Size		Price	Total	Total	
			-				
DDICES ADE SU	RIECT TO CHANGE WITHOUT N	OTICE		A			
PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE Comments:				Amount for Goods			
				Total			
			Postage Due				
				Total Amount Enclosed			