

# ORDER FORM

Fill out and either fax or mail form to:  
**SAAMI**  
 11 Mile Hill Road  
 Newtown, CT 06470  
 F: (203) 426-3592

ITEM#	DESCRIPTION	QTY	PRICE
Subtotal			
CT residents add 6.35% sales tax			
<b>TOTAL</b>			

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_

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

Payment Information:  Check or Money Order (payable to **SAAMI**)

Invoice Me (**orders over \$25 only**)

Bill my:  MasterCard  Visa  American Express  Discover

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

*\*Shipping charges may be billed separately*