

----- WHEELS OF TIME ORDER FORM -----

Item No.	Item Description	Qty	Unit Price	Total
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Total Net Order \$ _____

California Orders (Add 8% sales tax) _____

Shipping, Handling, Insurance _____

Grand Total \$ _____

() _____ () _____ @ _____

(telephone number req.)

(FAX number)

(email address required)

Your billing address (all req.):

Your shipping address:

Check here if shipping address is the same as your billing address.

_____ (full name as it appears on credit card)

_____ (address)

_____ (address)

_____ (city)

_____ (state or province / ZIP-Postal code)

_____ Country

_____ (address)

_____ (address)

_____ (city)

_____ (state or province / ZIP-Postal code)

_____ Country

Enclosed is my check/money order drawn from a U.S. Bank Keep and/or bill my credit card as on your file



Credit Card _____ - _____ - _____ - _____ Exp. Date ____/____
(credit card number)

VISA/MC three digit code on back of card _____ (your 3 digit security code is req. for us to process your order)

Credit Card Name as it appears on credit card _____

Signature X _____

**Please fax form to Wheels of Time 1-866-737-9654 (U.S. & Canada)
Or mail to: Wheels of Time, P.O. Box 846, Mountain View, CA 94042-0846**