Warner Tech-care® Products, Inc.
1655 Terrace Dr., Roseville, MN 55113
1-800-328-4757 • Fax 1-800-328-4756
www.warnertechcare.com

ORDER FORM (FAX OR MAIL)

DATE	
ACCT. NO.	
SHIP TO ADDRESS	
ATTN:	

SENT BY: ______________________________

PHONE: ______________________________

QTY	PART #	DESCRIPTION	PRICE	TOTAL
		SHIPPING & HANDLING UPS GROUND FOB ST. PAUL	**TOTAL**	

Other Shipping Options *(Higher charges will apply)*

UPS Next Day AM **UPS 2nd Day** **UPS 3 Day Select** **Other (Please specify)**

UPS Next Day PM ______________________

PAYMENT TYPE:

Check included with order Check #______________

C.O.D

Approved Credit Account

For verification of order, please include:

NAME:_______________________________________

PHONE: _______________________________________

E-MAIL: _______________________________________

For Visa or MasterCard:

_______________________________________//________

Card # *Exp.*

Credit Card 3 or 4 digit security code from back of card ______

Billing Address of Credit Card:

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