

Mail to:
Ptarmigan West
PO Box 2065
12659 Josh Wilson Road
Mount Vernon, WA 98273

Facility _____

Attn: _____

Address _____

City _____ STATE _____ ZIP _____

Phone _____

Quantity	Item	Cost
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Subtotal

Tax (8.1% WA STATE)

Shipping	\$10.00
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TOTAL _____

Purchase order number_____

Check enclosed _____ Visa/Mastercard _____

Number _____

Expiration date _____ V-Code _____

Authorized Signature _____

For more information or credit card phone orders call:

(800) 757-0313