

American Slip Meter Order Form

Your credit card and personal data is held confidential and will not be shared.

Shipping Address

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Country: _____

Phone: _____ Contact: _____

Email: _____

Order Details Quantity: ____

Total \$ _____

Trade In: _____

S/H: _____

Subtotal: _____

7% Sales Tax
(Florida Only)

Billing Address (if different from shipping address)

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Country: _____

Total: _____

Send completed forms with payment to:

American Slip Meter, Inc.
720 N. Indiana Ave.
Englewood, FL 34223

You may **fax** purchase orders or credit card orders to 941-681-2487.

Visa MasterCard American Express

Card #: _____ Exp. Date: _____ Security Code _____

Signature: _____