Bill To:

Name: _____
Title: _____
School or Institution: _____
Billing Address: _____
City: _____ State ____ Zip _____
Telephone: _____
Fax: _____
E-Mail: _____

Ship To:

Name: _____
Title: _____
School or Institution: _____
Shipping Address: _____
City: _____ State ____ Zip _____
Telephone: _____
Fax: _____
E-Mail: _____

Method of Payment

❑ Check Enclosed *(Payable to NIMCO, Inc. in USA Funds)*
❑ Bill my Purchase Number _____
Payment due upon receipt of invoice

Please Charge my: ❑ Master Card ❑ VISA ❑ Am. Express ❑ Discover

Cardholder Name: _____

Card Number: _____
Exp. Date _____ / _____
CID# _____ { *Last 3 digits printed on the signature strip of Mastercard or VISA. The small 4 digits on the front of American Express.* }

Signature: ✗ _____

**** Prices are subject to change without advanced notice.***

Qty.	Item Number	Title or Description (Please make copies if extra space is needed)	Price of Each	Total Price

NOTE: International Orders *(actual shipping)*

Sales Tax California 7.25% (unless tax exempt) **Kentucky 6%** (unless tax exempt)	
Shipping/Handing & Insurance *(10% of Total amount - Min. charge of $13)*	
GRAND TOTAL *(Payable in U. S. Funds Only)*	

Mail: 102 Hwy. 81 North
Calhoun, KY 42327

Call: 1-800-962-6662
1-270-273-5000

Web: www.NimcoInc.com
Local: 270-273-5050