



## ACCESSORIES ORDER FORM

Please print out and mail-in to the address below

SHIPPING INFORMATION			
Name			
Address			
City, State, Zip			
Phone			
BILLING/PAYMENT INFORMATION (Must match credit card billing)			
Name			
Address			
City, State, Zip			
Phone			
Check Enclosed	Credit Card _____ Visa _____ MasterCard _____		
<b>Please make check payable to: Taurus Int'l.</b>	Name on Card		
	Authorizing Signature		
	Card #		
	Expiration Date		
ORDER INFORMATION			
Qty.	Order #	Description	Retail Price
			\$
			\$
			\$
			\$
		Sub Total	\$
		S&H	\$4.75
		Total	\$

### MAILING ADDRESS

**Please mail form (with check if applicable) to:**

Taurus Int'l Mfg, Inc.

Attn: Customer Service

16175 NW 49th Ave., Miami, FL 33014