s	NOTE: Dealers and Companies please provide dealer or company name, and also the name of the person to whose attention the shipment should be sent.	
H-P	Customer Name_	Attention
	Street Address - No P. O. Box Number	Apartment Number
TO	City	StateZip Code
	Daytime Telephone Number ( )	
PAYMENT	Check or money order enclosed payable to Helm Inc. U.S. funds only. Do not send cash.  MasterCard Account Number	Check here if your billing address is different from the shipping address shown above.  Expiration: Mo. Yr.
	VISA	
	Discover	
	Customer Signature	Date

These Publications cannot be returned for credit without receiving advance authorization within 14 days of delivery. On returns, a restocking fee may be applied against the original order.

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