

S H	NOTE: Dealers and Companies please provide dealer or company name, and also the shipment should be sent.	name of the	person to whose attention the	
1	Customer Name	r Name Attention		
Р	Street Address - No P. O. Box Number		Apartment Number	
Т	City	State	Zip Code	
0	Daytime Telephone Number ()			
P A	Check or money order enclosed payable to Helm Inc. U.S. funds only. Do not send cash. Check here if your billing address is different from the shipping address shown above.			
Υ	MasterCard Account Number		Expiration: Mo. Yr.	
M E	VISA			
Ν	Discover			
Т	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.

HELM P.O. BOX 07280, DETROIT, MICHIGAN 48207

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