

Mail or fax completed form with credit card information or check/money order to the address below IRON COMPANY® 2201 Long Prairie Rd. 107-373
Flower Mound, TX 75022
Fax 1-888-758-7527

SIGNATURE:

MAIL/FAX					
ORDER FORM					

DATE: _____

QTY	ITEM#	ITEM NAME		PRICE	TOTAL	
Subtotal:						
Shipping/handling*:						
				TAX		
TOTAL AMOUNT:						
				<u> </u>		
BILLING ADDRESS						
FIRST NAM	E:					
STREET ADDRESS:						
ADDRESS LINE 2 (IF NECESSARY):						
CITY:		STATE:	_ ZIP CODE:			
SHIP TO (IF DIFFERENT)						
FIRST NAME: LAST NAME: STREET ADDRESS:						
		CESSARY):				
	LINE Z (IF NE	,	_ ZIP CODE:			
CREDIT CARD INFORMATION (IF NOT ENCLOSING CHECK/MONEY ORDER)						
\/:						
Visa	aud	CARD#:				
MasterC	ara	EVD DATE: /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(3-digit numb	er on back	
Discover		EXP DATE:/ C	CVV#: (3-aigit number on back of card or 4-digit numbe on front for AmEx.)			