



LES

PO Box 47
 Minnesota City MN 55959
 866.552.2745
 Fax 866.554.3478

Order Form

Bill To:

Agency _____
 Attn: _____
 Address: _____
 City _____
 State/ _____ Zip _____
 Phone# _____ Fax _____
 Email _____

Ship To:

Agency _____
 Attn: _____
 Address: _____
 City _____
 State/ _____ Zip _____

Date	Your Order #	Our Order #	Sales Rep.	FOB	Ship Via	Terms	Tax ID

Quantity	Item	Description	Unit Price	Total

Checks Payable To:
 LES
 PO Box 47
 Minnesota City MN 55959

Visa _____ Master Card _____
 Card No: _____
 Expires _____ / _____
 Signature _____

Subtotal	
Tax	
Shipping	
Miscellaneous	
Balance Due	