

SIDESWIPE STORE ORDER FORM

Name _____

Billing address _____

Phone number (_____) _____

Email address _____

Ship To: _____

FIGURE YOUR TOTAL

1. Number of SideSwipes

KTH-1 for KA tilt-head models _____ x \$24.95 = _____

KLN-1 for KA standard bowl lift models _____ x \$27.95 = _____

KLW-1 for KA wide bowl lift models _____ x \$29.95 = _____

Standard Shipping

1 SideSwipe\$5.95

2 SideSwipes....\$7.95

3 SideSwipes....\$9.95

4+ SideSwipes.\$11.95

2. Shipping Cost (from chart) _____

3. SUBTOTAL (Product total plus Shipping) _____

4. Ohio sales tax (on product plus shipping)
(Purchases from or shipped to Ohio) Subtotal x .0675 = _____

5. TOTAL of all lines _____

PAYMENT CHOICES

1. CREDIT CARD Circle type: Visa MasterCard Discover

Name on card: _____

Card Number: _____

Expiration Date (month/year): _____

Security code (last 3 numbers printed on signature bar): _____

2. MONEY ORDER or CASHIER'S CHECK for total made out to FRUT LLC (Sorry, no personal checks)

MAIL TO: SideSwipe/Frut LLC, PO Box 2490, Westerville, OH 43086