

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

My check is enclosed  Or Fax form to (828) 692-7375

Mail to

**Stafford Trading Co.**

**3416 Chastain Drive**

**Atlanta, GA 30342**

Charge my credit card  **\$295**

**VISA**  **MASTERCARD**

**CREDIT CARD ORDERS, Can also**

**CALL 800-270-1362 OR 404-488-6953**

All sales are final.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Signature MUST accompany credit card orders)