SHIP TO

NOTE: Dealers and Companies please provide dealer or company name, and also the name of the person to whose attention the shipment should be sent.

Customer Name _____

Attention _____

Street Address _____ *Apartment Number* _____

City _____ State _____ Zip Code _____

Daytime Telephone Number ( ) _____

PAYMENT

☐ 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.

☐ VISA ☐ MasterCard

Account Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ *Expiration: Mo. Yr.* ☐ — ☐

Customer Signature _____ *Date* _____

These Publications cannot be returned for credit without reciving 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