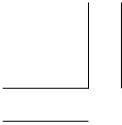




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S H I P T O

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 - No P. O. Box Number _____ Apartment Number _____
 City _____ State _____ Zip Code _____
 Daytime Telephone Number () _____

P A Y M E N T

Check or money order enclosed payable to Helm Inc. Check here if your billing address is different from the shipping address shown above.
 U.S. funds only. Do not send cash.

MasterCard Account Number Expiration: Mo. Yr. —
 VISA Discover

Customer Signature _____ Date _____



These Publications cannot be returned for credit without receiving advance authorization within 14 days of delivery. On returns, a restocking fee may be applied against the original order.

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