

Authorized Manuals

**S
H
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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/P. O. Box _____ Apartment Number _____

City _____ State _____ Zip Code _____

Daytime Telephone Number () _____

**P
A
Y
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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.

MasterCard

Account Numbers

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VISA

Expiration: Mo. Yr.

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Security Code

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Discover

Customer Signature _____ Date _____

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

HELM P.O. BOX 07280, DETROIT, MICHIGAN 48207