

Date:

WatrLevel - Order form

Sold to:			Ship to:		
Company:			Company:		
Address:			Address:		
Address:			Address:		
City:	State	Zip:	City:	State	Zip:
Phone:			Special Instructions:		
Fax:					
Email:					

Item	Qty	Price	Total

Payment Type:	
<i>MC Visa Disc AM Exp PayPal MO Cash Ck</i>	
Number:	
Exp Date:	Signature:

Sub-total

CA Tax (7.25%)
(If sold in CA)

Shipping

Total

Fax to: 916-652-4653
Mail to: WatrLevel Co. 9110 King Rd Loomis, CA 95650