AF HOBBIES
EXPECT THE BEST

Name: _____ **Address:** _____

Phone: _____ **City:** _____

Fax: _____ **Province/State** _____

Email: _____ **Postal Code** _____

Customer # _____

Payment Method:
C.O.D
Enclosed
Master Card
Visa
Mastercard/Visa # _____

Expiry Date: /M_____ **/D**_____ **/Y**_____

Name On Card: _____

Signature: _____

QTY	PART NUMBER	DESCRIPTION

Choose shipping method:

Priority Post (1-2 days)
Express Post (2-3 days)
Expedited Post (3-4 days)
Other: _____

Comments: _____

_____