

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 \_\_\_\_\_ 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. 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 receiving 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