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.

SHIP TO

Customer Name _____

Attention _____

Street Address _____ Apartment Number _____

City _____ State _____ Zip Code _____

Daytime Telephone Number ( ) _____

PAYMENT

☐ 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 reciving 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