



Mail or Fax Completed Order Form To

RESEARCH MANNIKINS
P.O. BOX 315 – 315 W. SHERMAN
LEBANON, OREGON 97355
24-HOUR FAX (541) 451-5455

ORDER FORM

Date Received: _____ Invoice No.: _____

Company Name: _____

Owner's Name: _____ Phone: _____

Street: _____

Town: _____ State: _____ Zip Code: _____

VISA MasterCard Discover Card #: _____ Exp. Date: _____

Check Cash C.O.D. Amount Enclosed: _____

| Qty | Stk # | Name of Item / Description / Size | Price Each | Total |
|-----|-------|-----------------------------------|------------|-------|
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Comments/Special Instructions:

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|-------------------------------|-------|
| Amount for Goods | _____ |
| (Illinois Residents ONLY) Tax | _____ |
| SubTotal | _____ |
| Postage | _____ |
| TOTAL ENCLOSED | _____ |

Tax Calculator

| |
|-----------|
| 6.25% |
| Tax Total |

YES! Please send me more information about my state taxidermy association.