SHIP TO

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 - No P. O. Box Number _____ 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.

☐ MasterCard

☐ VISA

☐ Discover

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