



Tax ID# \_\_\_\_\_

# ORDER FORM

Email to [c19protect@wahlclipper.com](mailto:c19protect@wahlclipper.com)

CUSTOMER \_\_\_\_\_

PART NUMBER \_\_\_\_\_ P.O. NUMBER \_\_\_\_\_

### SHIP TO ADDRESS

### BILL TO ADDRESS

### PREFERRED SHIPPING METHOD

PLEASE CHECK ONE

UPS

Fed Ex

PLEASE CHECK ONE

Ground

Next Day, Air

2-Day Air

### SHIPPING ACCOUNT INFORMATION

OPTIONAL - Needed only  
if you would like us to bill shipping to your account

Name

Address

Account #

PLEASE CHECK ONE

**COLLECT**

- Billing at Time of Shipment

**BILL TO**

- Bill to Provided Account

QUANTITY

\*Must Be Ordered In Increments Of 250

UNIT PRICE

\$ AMOUNT

\$ SHIPPING

TBD

\$ HANDLING

\$5.00

\$ TOTAL

Please Include a Signed Liability Waiver,  
Credit Authorization Statement, and  
Non-Profit Tax Exempt Certificate.