

Ordered By:		
Name:		
Address:		
City, State, Zip:		
Daytime Phone Number:Ev	ening Phone Number:	
Email Address:		
By providing your email address you will be able to check your account status and track your product shipments.		
Locator Code From Back Page:	Key Code From Back Page:	
Ship To (Only If Different From Ordered By Address):		
Name:		
Address:		
City, State, Zip:		
Item # Color Size Qty Desc	cription Page Price Total	
PAYMENT METHOD	Subtotal	
Check or Money Orders: AMOUNT ENCLOSED \$	Shipping and	
MasterCard Visa Discover Ameri	Handling	
Card Account Number	State and Local Sales Tax 7%*	
Month Year CVV (Security code on back of card)		
Card Expiration Date and Security Code Required Custo	omer Signature TOTAL	

Orders under \$200.00 require a credit or debit card payment. Shipping Information: https://www.autom.com/shipping

*STATE AND LOCAL TAX Due to a recent Supreme Court ruling, mail order companies are now required by law to collect sales tax on all orders. To simplify this for you, please add a flat tax rate of 7% when ordering by mail using this form.

Mail
Autom
1013 Veterans Dr.
Lewisburg, TN 37091
Toll Free
1-800-521-2914
Fax
1-800-582-1166