**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/P. O. BOX _____ 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 ☐ Discover

Account Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration: Mo. Yr. ☐☐ — ☐☐

Security Code ☐☐☐

Customer Signature _____ Date _____

These Publications cannot be returned for credit without receiving advance authorization within 14 days of delivery. For returns, a restocking fee may be applied against the original order.

**HELM** P. O. BOX 07280, DETROIT, MICHIGAN 48207