S H	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.			
I	Customer Name	Attention		
Р	Street address/P. O. BOX		Apartment Number	
Т	City	State	Zip Code	
0	Daytime Telephone Number ()			
P A	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.			
Y	MasterCard Account Number		Expiration: Mo. Yr.	
M E	VISA Security Code			
N	Discover Security Code			
Т	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.

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