Mail or fax this suggested order format or your own form to: National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID 83705. FAX: 208-387-5573.

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	DATE:	
SHIPPING ADDRESS: If incomplete, the order	will not be processed.	
Company/Agency Title:		
Shipping Address: (NO P.O. Box)	☐ Business	☐ Residential
Shipping Man ess. (110 1.0. Box)	L Business	- residential
Circ Circ 7		
City, State, Zip:		
CONTACT PERSON:	PHONE:	
Contact person & phone number required for shipping via	a overnight means.	
SHIPPING CHOICE: choose one		
□ OVERNIGHT (FEDERAL EXPRESS) Requested (date for ovemight delivery	only
Overnight method normally sent within 48 hours upon re	ceipt of order. Contact person ar	
BEST MEANS Most economical method; normally sent with		
"Best Means" = if less than 200 pounds: FEDX Ground; if	more than 200 pounds: ground freig	ght
PAYMENT CHOICE: choose one Credit Card of	or Invoice	
		☐ AMERICAN EXPRESS
Do not write credit card information on this or any order j	form. Send credit card form v	vith your order form. The credit card
form information is protected separately from the order for	m information.	
Your Office Reference Number/Order Number:		
INVOICE ADDRESS (if different than shipping address)):	
Company/Agency Title:		
Mailing Address:		
City, State, Zip:		
I authorize this order for materials. I understand that the cost of the	items and shinning charge will he	invoiced or the credit card account will be hilled

as indicated by my payment choice above.

AUTHORIZED BY:

	NFES	ITEM DESCRIPTION	QUANTITY	PRICE	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					