



West Coast Accident Reconstruction Equipment WeCARE Products Order Form

CUSTOMER INFORMATION

NAME: _____ DATE OF ORDER: _____

BUSINESS/AGENCY: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO:

BILLING NAME & ADDRESS (if different from shipping)

SHIPPING OPTIONS: STANDARD (2-7 BUSINESS DAYS) PRIORITY (1-3 BUSINESS DAYS)
 See website or call (877) 944-5903 for shipping & handling costs.

ORDER INFORMATION:

*For Item Numbers, Price Guide, or Shipping & Handling costs,
 please visit our website at www.rudydegger.com/WeCARE or call (877) 944-5903.*

QTY.	ITEM NUMBER	DESCRIPTION	EXTENDED PRICE
			\$
TAX (8.25% within CA)			
SHIPPING & HANDLING			
TOTAL:			\$

METHOD OF PAYMENT:

VISA Master Card Discover Check Purchase Order *Sorry, no CODs.*

CARD # _____ EXP. DATE _____

SIGNATURE: _____ DATE: _____

Please make checks, P.O.s payable to: **WeCARE** or **West Coast Accident Reconstruction Equipment**.
 MAILING ADDRESS: PO Box 1647, Graeagle, CA 96103. **Phone:** (877) 944-5903 **Fax:** (530) 836-1654