

C.CRANE

ORDER FORM (Please Print)

Bill To: (Mailing Address) **Customer Number:** (From Back Cover) _____

Name: _____ Area Code / Phone () _____

Street _____ Apt. No. _____

City _____ State _____ Zip Code _____

Email (For Order Tracking Information) _____

☐ **Add me to your Email List for Special Offers and more.**

Ship To: ☐ Same Address ☐ This is a Gift Order

Name: _____ Area Code / Phone () _____

Street _____ Apt. No. _____

City _____ State _____ Zip Code _____

Order Information:

Qty	Pg#	Item#	Description	Each	Total
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**(See Page 22 for Shipping
Information and Charges)**

Subtotal \$ _____

Shipping \$ _____

Tax \$ _____

Total \$ _____

Help us support people that support us. Please tell us how you heard about C. Crane.

☐ Radio Show, Host or Station: _____

☐ Web Website: _____

☐ Magazine / Other / Friend _____

Method of Payment: ☐ Check ☐ Money Order ☐ Credit Card

Card Number: ____/____/____/____ Security Code: ____

Signature: _____ Exp. Date: ____/____

Mail to: C. CRANE, 172 MAIN ST, FORTUNA, CA 95540-1816
Phone: 1-800-522-8863 **Fax:** 1-707-725-9060 **Web:** ccrane.com
**Please do not send cash. Personal checks must be from
U.S. banks and in U.S. funds.**