DATE ORDERED\_\_\_\_\_

## **Texas Forest Service** FIRE CONTROL DEPARTMENT **ORDER FORM**

No.

(Make checks payable to: Texas Forest Service) (Mail to: Fire Control Dept. P.O. Box 310 Lufkin TX 75902) Phone No. (8:00 to 5:00): Person Responsible For Order: SOLD TO: (Mailing (hysical Address) SHIP TO: \_\_\_\_\_ \_\_\_\_\_ Address)

ITEM	SIZE	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B.O.	PRICE EACH	TOTAL
					S/H +	
					TOTAL	

PAID BY:

□ Check #\_\_\_\_\_ □ Money Order #\_\_\_\_\_ □ Purchase Order #\_\_\_\_\_