

Shipping Information

Street: _____

Street 2: _____

City: _____

State: _____ Zip: _____ Country: _____

Additional shipping information: _____

Phone: (_____) - _____ E-mail: _____

If this order is a **gift**, enter name of recipient: _____
(Gift orders will be shipped to address specified above.)

Enter a message for gift recipient: _____

Billing Information

Make checks payable to **The Whistleworks** and enclose with this form.

Method of payment: Check Money Order Credit Card (enter information below)

Credit Card type: VISA MasterCard AmericanExpress Discover

Name on Card: _____

Credit Card number: _____

Expiration date: *month* _____ *year* _____

I authorize The Whistleworks to charge the above Credit Card in the amount specified on page 1 of this order form.

Signature: _____

Billing address: (leave blank if same as shipping address)

Street: _____

Street 2: _____

City: _____

State: _____ Zip: _____ Country: _____

Fax* both pages of this form to (575) 628-0216 or mail them to:

The Whistleworks
c/o John Barry
217 N 4th St
Carlsbad, NM 88220-3817

*If faxing your order and not paying with a credit card, you must mail your payment to the above address.
Visit our website for our shipping and return policies and other information: **www.Whistleworks.com**