

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 Tracking Information Purposes) _____

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

Ship as items are available **Ship Order Complete** Subtotal \$ _____
 If Shipping to Calif., add Sales Tax @ 8.5% (subject to change) \$ _____
(See Page 16 for Shipping Information and Charges) \$ _____
Total \$ _____

YES, Please send me your Fall 2019 Catalog.
We do not release your information.

Please let us know 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

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