

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

(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.