True Temper Sports, Inc.
Shaft Lab Order Form

BILL TO:	SHIP TO:
_____ _____ _____ _____	_____ _____ _____ _____
BUYER S CONTACT NAME :	CONSIGNEE S CONTACT NAME :
PHONE NUMBER:	PHONE NUMBER:
FAX NUMBER:	FAX NUMBER:

(If you want your web-site listed on truetemper.com please include)

Web-Site Address_____

_____

P.O. NUMBER_____

TERMS OF SALE — FREIGHT PPD or ADD

PAYMENT TERMS — NET 30

THE FOLLOWING SHADED AREA IS FOR THE USE OF TRUE TEMPER PERSONNEL

CREDIT MANAGER:

CREDIT APPROVED: YES ☐ NO ☐

SALES DEPARTMENT:

REQUESTED SHIP DATE_____ UNIT BILL DATE_____ MONTHLY FEE BILL DATE_____

ITEM DESCRIPTION	ITEM CODE	QUANTITY	EACH	EXT D
SHAFT LAB- NO COMPUTER	SHLBLSNC		3,895.00	
SHAFT LAB- LAPTOP UNIT	SHLBLSLT		6,000.00	
			SUB-TTL	
			TAX	
			TOTAL	

SEND ORDER VIA FAX (704-504-0743) OR E-MAIL (chris.helgeson@truetemper.com)

_____ _____

CUSTOMER SIGNATURE DATE

Shlbord.frm