

**Customer Information**

|                             |
|-----------------------------|
| <b>Name:</b>                |
| <b>Address:</b>             |
| <b>City/State/Zip Code:</b> |

**Product Guide**

| <b>Item</b>   | <b>Quantity/Amount</b> | <b>Price</b> |
|---------------|------------------------|--------------|
|               |                        |              |
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|               |                        |              |
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|               |                        |              |
|               |                        |              |
| <b>Totals</b> |                        |              |

*Please make checks-money orders  
payable to: Tim McAlavy*

*Mail order form to:*  
**Tim McAlavy**  
**5510 35<sup>th</sup> Street**  
**Lubbock, TX 79407**