

**ROCKY MOUNTAIN CARTRIDGE, LLC.
CUSTOMER BRASS ORDER**

Order Date: _____

Customer Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Shipping Address (if different from above): _____

Customer Phone: Home _____

Work: _____

Customer E-mail: _____

Quantity: _____ Size (Caliber): _____ Price/Box _____ Total \$ _____

Quantity: _____ Size (Caliber): _____ Price/Box _____ Total \$ _____

Quantity: _____ Size (Caliber): _____ Price/Box _____ Total \$ _____

Quantity: _____ Size (Caliber): _____ Price/Box _____ Total \$ _____

SUBTOTAL \$ _____

(Please get our current prices from the web page)

Shipping \$ _____

TOTAL \$ _____

**Fax this page to: Rocky Mountain Cartridge
(307) 587-9693**

**Or Mail to: Rocky Mountain Cartridge
P.O. Box 2892
Cody, Wyoming 82414**

We will call you for payment information