



Order Form

Certified Installer Insignia & Chevron Uniform Patches

Please send me the following:

Z6 (Self Adhesive Products) Insignia _____ x \$2.50 each = _____

Sales Tax (California Only) .0975 _____

Shipping \$5.00 _____

Total Order _____

Company Name _____

Contact Name _____ Phone _____

Mailing Address _____ Fax _____

City _____ State _____ Zip _____

Payment Information

NOTE: All orders must be prepaid. Allow 15 business days to process.

Check enclosed, payable to **SEMA**, for the amount indicated above, **U.S. Dollars Only**.

Please charge to my credit card: \$ _____

VISA MasterCard American Express

Card Number _____

CVV Number* _____ Expiration Date ____ / ____

*(Visa/MC: The last 3 digits of the card number printed in the signature space on the back of the card.)
(AmEx: The 4-digit number printed above and to the right of the raised number on the front of the card.)

Cardholder's Name _____

Cardholder's Billing Address _____

City _____ State _____ Zip Code _____

Cardholder's Signature _____

For questions or additional information, please call 909/396-0289 ext. 158.

**Please fax completed form (Credit Card Only) to (909) 396-5440
or mail payment along with order form to:
SEMA, 1575 S. Valley Vista Dr., Diamond Bar, CA 91765**