



ORDER FORM

860 Hembry St. Suite 403 Lewisville, Texas 75057
contact@shiningstardist.com

866-906-7356
Fax: 972-906-7356

Sales Rep: _____ Company Name: _____
Contact Person: _____

Phone: _____ FFL #: _____
E-Mail: _____

Payment Method:
COD (Fees Apply): ___ NET: ___ Credit Card: ___ (Visa, MasterCard), ___ Check Fax)

Card Number: _____
Expiration Date: _____ 3-Digit CVN(reverse side of card) _____

Billing Address: _____

PRODUCT NUMBER	QTY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You will be contacted within 24 hours to confirm your order.

Thank you and we appreciate your business!

www.shiningstardist.com