



Please fill out this form and fax or mail it to the address shown below.

Qty.	Part No.	Qty.	Part No.
	PLT-11		PLT-27
	PLT-11ST		PLT-28L
	PLT-12		PLT-28S
	PLT-14		PLT-53
	PLT-16		PLT-55
	PLT-18		PLT-56
	PLT-21		PLU-10
	PLT-24		PLU-15W
	PLT-25		PLU-20
	PLT-25L		PLU-25
	PLT-25W		PLU-102
	PLT-25LW		P10H-27B
	PLT-26		P10H-36LB
			P10H-45B

NAME: _____
 COMPANY: _____
 ADDRESS: _____
 STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____
 E-MAIL: _____
 PAYMENT TYPE COD: CREDIT CARD:
 VISA MASTER CARD AMEX
 NAME ON CARD: _____
 NO: _____ EXP: _____

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 E-Mail: info@prospot.com Web: www.prospot.com