



2023 - ORDER FORM

To Place Your Order FAX this form to (253) 572-4225

Or Order Online at www.helmetsrus.net

Questions?
Call Us at (253) 627-2121

Event Date : _____ Todays Date: _____ Ordered by: _____
Please Print / *Signature*

Billing Info

"GO GREEN" Check Box to receive invoice by email

Contact Name: _____

Organization Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____

Fax: (____) _____

email: _____

Special Instructions: _____

Shipping Info

IMPORTANT: ANY SHIPPING ADDRESS CORRECTION after order has shipped will incur a \$15.00 per box surcharge

Contact Name: _____

Organization Name: _____

Address: _____

Note: If Shipping to a residence a \$2.50 charge per helmet will apply

City, State, Zip: _____

Phone: (____) _____

Fax: (____) _____

email: _____

Model 02 Bike Helmet			
	Small	Med	Large
Blue-	_____	_____	_____
Red --	_____	_____	_____
Yellow --	_____	_____	_____
Total --	_____	_____	_____
TOTAL QTY: _____ X \$10.95 = \$ _____			

Model 06 Bike Helmet			
	Small	Med	Large
Blue --	_____	_____	_____
Green--	_____	_____	_____
Red --	_____	_____	_____
Total--	_____	_____	_____
TOTAL QTY: _____ X \$6.95 = \$ _____			

Premium Bike Helmet Model 08				
	Small	Med	Large	X-L
Black --	_____	_____	_____	N/A
Blue --	_____	_____	_____	_____
Purple --	_____	_____	_____	N/A
Red ---	_____	_____	_____	N/A
Total --	_____	_____	_____	_____
TOTAL QTY: _____ X \$8.95 = \$ _____				

Flash Graphics Bike Helmet Model 09				
	Small	Med	Large	X-L
Blue --	_____	_____	_____	_____
Red --	_____	_____	_____	_____
Silver --	_____	_____	_____	_____
Total --	_____	_____	_____	_____
TOTAL QTY: _____ X \$9.95 = \$ _____				

Premium Toddler Model 15	
	Toddler
Blue --	_____
Pink --	_____
Total --	_____
TOTAL QTY: _____ X \$8.95 = \$ _____	

Toddler/ Graphics Model 15G	
	Toddler
BlueG--	_____
PinkG --	_____
Total --	_____
TOTAL QTY: _____ X \$9.95 = \$ _____	

Payment

Bill Us _____ PO# if applicable _____

- OR - VISA/ MASTERCARD

CC# _____ - _____ - _____ Exp Date _____ 3-Digit Securty Code _____

Card Holder Name _____ / _____
Print Signature

Card Holder Billing Address _____

City _____ State _____ Zip _____

- Want to Simplify Your Order and Save Time ? Try Ordering in Case Lots
- Model 02: Small (24), Med (24), Large (20) Model 06 & 08: Small (28), Med (28), Large (24), XL (20)
- Model 09: Small (24), Med (24), Large (20), XL (20) Model 15/ 15G: (28)

Shipping Cost

A Minimum Order of 24 Items is Required

Subtotal Plus \$5.00 Handling Fee \$ _____

Check the Appropriate Field Box &
*ADD SHIPPING COSTS

If Shipping to a Manned Commercial Address :

of Items Ordered _____ x \$2.00 = \$ _____

-OR-

If Shipping to a Residential Address :

of Items Ordered _____ x \$2.50 = \$ _____

WA ST Residents Pay Sales Tax \$ _____

TOTAL DUE \$ _____

* Shipping and Rates apply to One Business address within the Contiguous U.S. * Product and Prices are subject to change without prior notice.



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Fax: (____) _____

email: _____

Special Instructions: _____

Shipping Info

IMPORTANT: ANY SHIPPING ADDRESS CORRECTION after order has shipped will incur a \$15.00 per box surcharge

Contact Name: _____

Organization Name: _____

Address: _____

Note: If shipped to a residence a \$2.50 charge per helmet will apply

City, State, Zip: _____

Phone: (____) _____

Fax: (____) _____

email: _____

Multi-Sport Style
w/ DIAL TURN RING™ Model 36

	Small	Med	Large	X-L
Black --	_____	_____	_____	_____
Lime Green--	_____	_____	_____	N/A
Orange --	_____	_____	_____	N/A
White --	_____	_____	_____	N/A
Total ---	_____	_____	_____	_____
TOTAL QTY: _____ X \$10.45 = \$ _____				

TRUE Multi-Sport
Model 18

	Small	Med	Large
Black (matte) _____	_____	_____	_____
Blue -- _____	_____	N/A	_____
White -- _____	_____	_____	_____
Total -- _____	_____	_____	_____
TOTAL QTY: _____ X \$9.95 = \$ _____			

TRUE Multi-Sport
w/ DIAL TURN RING Model 38

	Small	Med	Large
Black _____	_____	_____	_____
Gray _____	_____	_____	_____
White _____	_____	_____	_____
Total -- _____	_____	_____	_____
TOTAL QTY: _____ X \$11.45 = \$ _____			

“BRAIN” Graphics
Multi-Sport Style Model 16

	Small	Med	Large
_____	_____	_____	_____
TOTAL QTY: _____ X \$19.95 = \$ _____			

Knee/Elbow/Wristguard

	Small	Med	Large
_____	_____	_____	_____
TOTAL QTY: _____ X \$12.45 = \$ _____			

Payment

Bill Us _____ PO# if applicable _____

- OR - VISA/ MASTERCARD

CC# _____ - _____ - _____ Exp Date _____ 3-Digit Securiry Code _____

Card Holder Name _____ / _____
Print Signature

Card Holder Billing Address _____

City _____ State _____ Zip _____

- Want to Simplify Your Order and Save Time ? Try Ordering in Case Lots
- Model 16: Small (28), Med (28), Large (28), XL (24) Model 18 & 38: Small (27), Med (24), Large (24),
- Model 36: Small (24), Med (24), Large (24), XL (24)

Shipping Cost

A Minimum Order of 24 Items is Required

Subtotal Plus \$5.00 Handling Fee \$ _____

Check the Appropriate Field Box &
*ADD SHIPPING COSTS

If Shipping to a Manned Commercial Address:

of Items Ordered _____ x \$2.00 = \$ _____

-OR-

If Shipping to a Residential Address:

of Items Ordered _____ x \$2.50 = \$ _____

WA ST Residents Pay Sales Tax \$ _____

TOTAL DUE \$ _____