



2024 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 03 Bike Helmet

Model 06 Bike Helmet

Premium Bike Helmet Model 08

Flash Graphics Bike Helmet Model 09

	Small	Med	Large
Blue --	_____	_____	_____
Red --	_____	_____	_____
Yellow --	_____	_____	_____
Total --	_____	_____	_____
TOTAL QTY: _____ X \$10.45 = \$ _____			

	Small	Med	Large
Blue --	_____	_____	_____
Total --	_____	_____	_____
TOTAL QTY: _____ X \$4.45 = _____			

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

	Small	Med	Large	X-L
Blue --	_____	_____	_____	_____
Red --	_____	_____	_____	_____
Silver --	_____	_____	_____	_____
Total --	_____	_____	_____	_____
TOTAL QTY: _____ X \$9.45 = \$ _____				

Toddler/ Graphics Model 15G

Toddler Model 16T

Toddler Graphics Model 16TG

	Toddler
BlueG --	_____
PinkG --	_____
Total --	_____
TOTAL QTY: _____ X \$7.45 = \$ _____	

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

	Toddler
Blue ---	_____
Pink --	_____
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 (not required)

Model 03: Small (22), Med (20), Large (20)

Model 06: Small (24), Med (24), Large (20)

Model 08: Small (24), Med (24), Large (20), XL (18)

Model 09: Small (20), Med (20), Large (20), XL (18)

Model 15G: (24)

Model 16/16TG : (20)

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

City, State, Zip: _____

Phone: (____) _____

Fax: (____) _____

email: _____

Toddler Model 17

Toddler	
Dino ---	_____
Lady Bug --	_____
Total --	_____
TOTAL QTY: _____ X \$9.95 = \$	_____

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 \$9.50= \$	_____			

TRUE Multi-Sport w/ DIAL TURN RING Model 38

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

Urban Style Model 40

	Med	Large
Black--	_____	_____
White --	_____	_____
Total --	_____	_____
TOTAL QTY: _____ X \$11.95 =	_____	

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 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 (not required)

- Model 17 Dino (19) Model 17 LadyBug (21) Model 36: Small (22), Med (22), Large (20), XL (20)
- Model 38: Small (20), Med (20), Large (20) Model 40: Med (20), Large (20)

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.