



2705 Pacific Ave, Tacoma, WA 98402

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: _____

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: _____

Special Instructions: _____

Model 02 Bike Helmet table with columns Small, Med, Large and rows Blue, Red, Yellow, Total

Model 06 Bike Helmet table with columns Small, Med, Large and rows Blue, Green, Red, Total

Premium Bike Helmet Model 08 table with columns Small, Med, Large, X-L and rows Black, Blue, Purple, Red, Total

Flash Graphics Bike Helmet Model 09 table with columns Small, Med, Large, X-L and rows Blue, Red, Silver, Total

Premium Toddler Model 15 table with column Toddler and rows Blue, Pink, Total

Toddler/ Graphics Model 15G table with column Toddler and rows BlueG, PinkG, Total

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 section with a minimum order of 24 items required, subtotal plus handling fee, and total due amount.



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Jan - 2022 ORDER FORM

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Please Print

Signature

Billing Info

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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 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 |
| Total --- | _____ | _____ | _____ | _____ |
| TOTAL QTY: _____ X \$10.45 = \$_____ | | | | |

TRUE Multi-Sport Model 18

| | Small | Med | Large |
|--------------------------------------|-------|-------|-------|
| Black (matte) _____ | _____ | _____ | _____ |
| Blue -- _____ | _____ | _____ | _____ |
| White -- _____ | _____ | _____ | _____ |
| Total -- _____ | _____ | _____ | _____ |
| TOTAL QTY: _____ X \$12.95 = \$_____ | | | |

TRUE Multi-Sport w/ DIAL TURN RING Model 38

| | Small | Med | Large |
|--------------------------------------|-------|-------|-------|
| Black (matte)- _____ | _____ | _____ | _____ |
| Sage Green (matte) _____ | _____ | _____ | _____ |
| White -- _____ | _____ | _____ | _____ |
| Total -- _____ | _____ | _____ | _____ |
| TOTAL QTY: _____ X \$13.95 = \$_____ | | | |

"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 \$ _____