

DATE:

BILL TO:



A Division of Seljan Company, Inc.
 P.O. Box 158 • 105 Industrial Drive
 Lake Mills, WI 53551
 (800) 431-7690 Fax: (920) 648-3273

SHIP TO:

ORDER FORM

ORDER ONLINE AT www.fhnoble.com

Wholesale Price List Effective February 3, 2009

CONVERTIBLE - Price includes 1 Applique Plate and 1 Engraveable Name Plate

QTY	Color	PRICE BREAK DOWN
	Granite White	1 Unit \$92.00
	Sandstone Mahogany	2 Units 2% Discount
	Granite Gray	4 Units 4% Discount
	Tuscan Blue	10 Units 8% Discount
SUBTOTAL		11 or more - call for pricing

CONSTELLATION- Price includes 2 Applique Plates and 1 Engraveable Name Plate

QTY	Color	PRICE BREAK DOWN
	Granite White	1 Unit \$112.00
	Sandstone Mahogany	2 Units 2% Discount
	Granite Gray	4 Units 4% Discount
	Tuscan Blue	10 Units 8% Discount
SUBTOTAL		11 or more - call for pricing

GLOBAL- Price includes 2 Applique Plates and 3 Engraveable Name Plates

QTY	Color	PRICE BREAK DOWN
	Granite White	1 Unit \$139.00
	Sandstone Mahogany	2 Units 2% Discount
	Granite Gray	4 Units 4% Discount
	Tuscan Blue	10 Units 8% Discount
SUBTOTAL		11 or more - call for pricing

COSMOS- Price includes 1 Applique Plate and 1 Engraveable Name Plate

QTY	Color	PRICE BREAK DOWN
	Granite White	1 Unit \$112.00
	Sandstone Mahogany	2 Units 2% Discount
	Granite Gray	4 Units 4% Discount
	Tuscan Blue	10 Units 8% Discount
SUBTOTAL		11 or more - call for pricing

APPLIQUE PLATES (please note any additional plates above and beyond what is included with units ordered)

QTY	PART #	DESCRIPTION	PRICE BREAK DOWN for Additional Plates
	APPL-HW #001	Hand & Wreath	1-5 21.00
	APPL-MF #002	Mountain Forest	6-10 18.00
	APPL-SS #003	Stars & Stripes	10+ 15.00
	APPL-CF #004	Cross & Flames	Subtotal <hr/> Freight <hr/> GRAND TOTAL
	APPL-BM #005	Our Blessed Mother	
	APPL-GA #006	Guardian Angel	
	ENP-0 (Not Engraved N/C)		
	ENP-1 (Engraved \$20.00)		
SUBTOTAL			

Prices are subject to change without notice.

SHIPPING METHOD (UPS Ground Unless specified otherwise)

UPS Next Day UPS Ground
 UPS 2nd Day Other
 Form Revision 2/3/09

PAYMENT METHOD

Credit Card Invoice Terms 1% 10 Net 30
 Card Number: _____
 Name of Card Holder: _____
Visa Mastercard AmEx (Circle one)