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CP Plus Order Sheet

Account #: _____ - _____ - _____ Date: _____ PO #: _____

Buyer: _____ Company Name: _____

Ship to: _____

Street / Suite

City

State

Zip

Phone #

Fax #

Email

Billing Address If Different: _____

Street / Suite

City

State

Zip

Phone #

Fax #

Email

Size

Quantity / Rigidity

Mild

Medium

Max

M 4-4.5 / W 6-6.5 / Shell 35	_____	_____	_____
M 5-5.5 / W 7-7.5 / Shell 36	_____	_____	_____
M 6-6.5 / W 8-8.5 / Shell 37	_____	_____	_____
M 7-7.5 / W 9-9.5 / Shell 38	_____	_____	_____
M 8-8.5 / W 10-10.5 / Shell 39	_____	_____	_____
M 9-9.5 / W 11-11.5 / Shell 40	_____	_____	_____
M 10-10.5 / W 12-12.5 / Shell 41	_____	_____	_____
M 11-11.5 / W 13-13.5 / Shell 42	_____	_____	_____
M 12-12.5 / W 14-14.5 / Shell 43	_____	_____	_____
M 13-13.5 / W 15-15.5 / Shell 44	_____	_____	_____
M 14-14.5 / W 16-16.5 / Shell 45	_____	_____	_____
M 15-15.5 / W 17-17.5 / Shell 46	_____	_____	_____
M 16-16.5 / W 18-18.5 / Shell 47	_____	_____	_____

Total Quantity: _____