5330 Fogmaster Jr[®] Fogger **PARTS PRICE LIST & ORDER FORM**

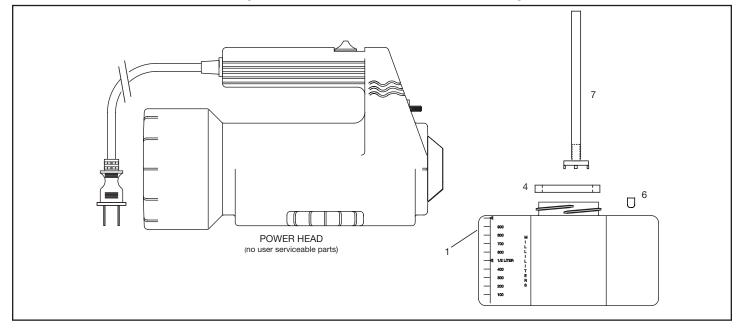
Select parts (see drawing over) and quantities. Shipping costs and sales taxes if applicable will be added to order subtotal.

- Enter "Ship To Information" [physical locations only]. An email adddress is required for confirmation and tracking information. 2.
- Specify payment method. If credit/debit card, include Authorization (ADM-004). 3.

1.

Send to Fogmaster by: a) Fax: 1.954.480.8563; b) Scan & email: info@fogmaster.com; or c) Postal mail (address below). 4.

NOTE: The power head is sealed and has no user-serviceable parts.



INDIVIDUAL PARTS

Qty	. Dwg Ref.	Part No.	Description	Price	Qty.	 Dwg. Ref.	. Part No.	Description	Price
	. 1	JR100	Tank, 1 qt [1 l.]	\$ 12.50	_	4	JR501	Gasket, Buna N	\$ 3.00
	1	JR102	Tank, 2 qt [2 l.]	21.00		4	JR502	Gasket, Viton	13.00
	7	JR602	Suction tube (plastic screen)	4.00		6*	JR800*	Vac Relief Plug (two / white)	4.40
						6*	JR801*	Vac Relief Valve (one / red)	6.00

* These items (valve and plug) are not interchangeable. For tanks with two holes, use JR800. For tanks with one hole, use JR801.

1. Order Amount		2. Contact/Ship To Information					
Product Cost		Name					
Sales tax (Florida only)		Company					
Shipping cost		Address					
Total		City, State					
Sales tax (if applicable) and shi	pping charges will be added.	Zip Phone					
		email					

3. Payment Method

Credit/Debit Card (American Express, MasterCard or Visa only). Include Authorization form (ADM-004). Check or money order (US customers only). Call or email us for shipping cost.



1051 S.W. 30th Ave., Deerfield Beach, FL 33442 Phone 954.481.9975 • Fax 954.480.8563 www.fogmaster.com • email: info@fogmaster.com PT5330-2301

CREDIT/DEBIT CARD AUTHORIZATION

I authorize The Fogmaster Corporation to charge the following credit/debit card for goods ordered, applicable taxes and shipping costs. If any duties, VAT or import fees for my order are backcharged to Fogmaster, I authorize Fogmaster to charge them against this card.

Card Holder Name:	
Card Billing Address:	
City, State:	
Country, Zip/Postal Code:	
Card Type:	American Express MasterCardVisa Discover
Card Number.:	
Expiration Date:	
Security Code (CCV):	(Amex: 4 digits on front of card) (Visa/MC/Discover: 3 digits on back of card)
	1234 5678 9123 4567 08/04 33/07 00/05 108/04 33/07 00/05 108/04 93/07
Authorization:	Use for this transaction only [SO# or Date].
	— 1
	Use only for backup payment of account balance.
(Date)	(Signature)
	(Print Name)
NOTE: Any credit due will be	e issued to the card used for the original purchase. Credits to a debit card may
,	is due to the policies of the issuing bank, not Fogmaster.
ake 1-2 weeks to clear. This	is due to the policies of the issuing bank, not Fogmaster. master by: mail; fax 1.954.480.8563; or scan/email to <u>info@fogmaster.com</u> .)
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