NEWPORT GLASS WORKS, LTD.

P. O. BOX 127 STANTON, CA 90680

PHONE: 714-484-8100
FAX: 714-484-8181

SHIP TO:

Please print name and address CLEARLY.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE ( ) _____
EVENING PHONE ( )

QTY	NAME OF ITEM	Part No.	Unit Price	Qty x Unit	Unit Wt.	Total Wt.

SUB-TOTAL	$=	WT.=
CALIF RESIDENTS ADD: 7.75% SALES TAX		
ADD: $5.00 HANDLING CHARGE if order is under $25.00 for parts only.		
ADD: SHIPPING CHARGES (SEE UPS CHART FOR INSTRUCTIONS).		
ADD: INSURANCE (.35¢ per $100)		
TOTAL AMOUNT DUE	$ _____	

Note: Catalog Net Weight does not include additional Packaging material weight

Note: Parental guidance requested. Review product safety sheets in catalogue before placing order.

Method of Payment

Check☐ Credit Card☐ Money Order☐

Visa /Master Card # _____ Exp Date _____