



2024 ORDER FORM

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: _____

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 Shipping to a residence a \$2.50 charge per helmet will apply

City, State, Zip: _____

Phone: (____) _____

Fax: (____) _____

email: _____

Model 02 Bike Helmet

	Small	Med	Large
Blue --	_____	_____	_____
Red --	_____	_____	_____
Yellow --	_____	_____	_____
Total --	_____	_____	_____
TOTAL QTY: _____ X \$9.75 = \$_____			

Premium Bike Helmet Model 08

	Small	Med	Large	X-L
Black --	_____	_____	_____	N/A
Blue --	_____	_____	_____	_____
Purple --	_____	_____	_____	N/A
Red --	_____	_____	_____	N/A
Total --	_____	_____	_____	_____
TOTAL QTY: _____ X \$8.95 = \$_____				

Flash Graphics Bike Helmet Model 09

	Small	Med	Large	X-L
Blue --	_____	_____	_____	_____
Red --	_____	_____	_____	_____
Silver --	_____	_____	_____	_____
Total --	_____	_____	_____	_____
TOTAL QTY: _____ X \$9.45 = \$_____				

Toddler/ Graphics Model 15G

	Toddler
BlueG --	_____
PinkG --	_____
Total --	_____
TOTAL QTY: _____ X \$8.95 = \$_____	

Toddler Model 16T

	Toddler
Blue --	_____
Pink --	_____
Total --	_____
TOTAL QTY: _____ X \$8.95 = \$_____	

Toddler Graphics Model 16TG

	Toddler
Blue --	_____
Pink --	_____
Total --	_____
TOTAL QTY: _____ X \$9.95 = \$_____	

Toddler Model 17

Dino --	_____
Lady Bug --	_____
Total --	_____
TOTAL QTY: _____ X \$10.95 = \$_____	

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 \$ _____

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 (20), Med (20), Large (20) Model 08: Small (24), Med (24), Large (20), XL (18)

Model 09: Small (20), Med (20), Large (20), XL (18)

Model 15G: (24) Model 16/16TG : (20) Model 17 Dino (19) Model 17 LadyBug (21)

* Shipping and Rates apply to One Business address within the Contiguous U.S.
* Product and Prices are subject to change without prior notice.



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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
White --	_____	_____	_____	N/A
Total ---	_____	_____	_____	_____
TOTAL QTY: _____ X \$9.50= \$ _____				

TRUE Multi-Sport
w/ DIAL TURN RING Model 38

	Small	Med	Large
Black	_____	_____	_____
Gray	_____	_____	_____
White	_____	_____	_____
Total --	_____	_____	_____
TOTAL QTY: _____ X \$11.45 = \$ _____			

Urban Style Model 40

	Med	Large
Black--	_____	_____
White --	_____	_____
Total --	_____	_____
TOTAL QTY: _____ X \$11.95 = _____		

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 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 36: Small (22), Med (22), Large (20), XL (20) Model 38: Small (20), Med (20), Large (20)

Model 40: Med (20), Large (20)

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 \$ _____

* Shipping and Rates apply to One Business address within the Contiguous U.S.
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