

FOR PARTS REQUESTS ONLY

- Be sure to follow instructions carefully.
- Use a separate letter for all correspondence.
- Please allow 10 - 14 days for mail delivery time.

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS

- Please print all information requested.
- Be sure you list the correct **HEATH** part number exactly as it appears in the parts list.
- If you wish to prepay your order, mail this card and your payment in an envelope. Be sure to include 10% (25¢ minimum, \$3.50 maximum) for insurance, shipping and handling. Michigan residents add 4% tax.
Total enclosed \$_____
- If you prefer COD shipment, check the COD box and mail this card. COD

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____

The information requested in the next two lines is not required when purchasing nonwarranty replacement parts, but it can help us provide you with better products in the future.

Model # _____ Invoice # _____
 Date Purchased _____ Location Purchased _____

LIST HEATH PART NUMBER	QTY.	PRICE EACH	TOTAL PRICE

TOTAL FOR PARTS	
HANDLING AND SHIPPING	
MICHIGAN RESIDENTS ADD 4% TAX	
TOTAL AMOUNT OF ORDER	

SEND TO: **HEATH COMPANY**
 BENTON HARBOR
 MICHIGAN 49022
ATTN: PARTS REPLACEMENT

Phone (Replacement parts only): 616 982-3571

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CUT ALONG DOTTED LINE