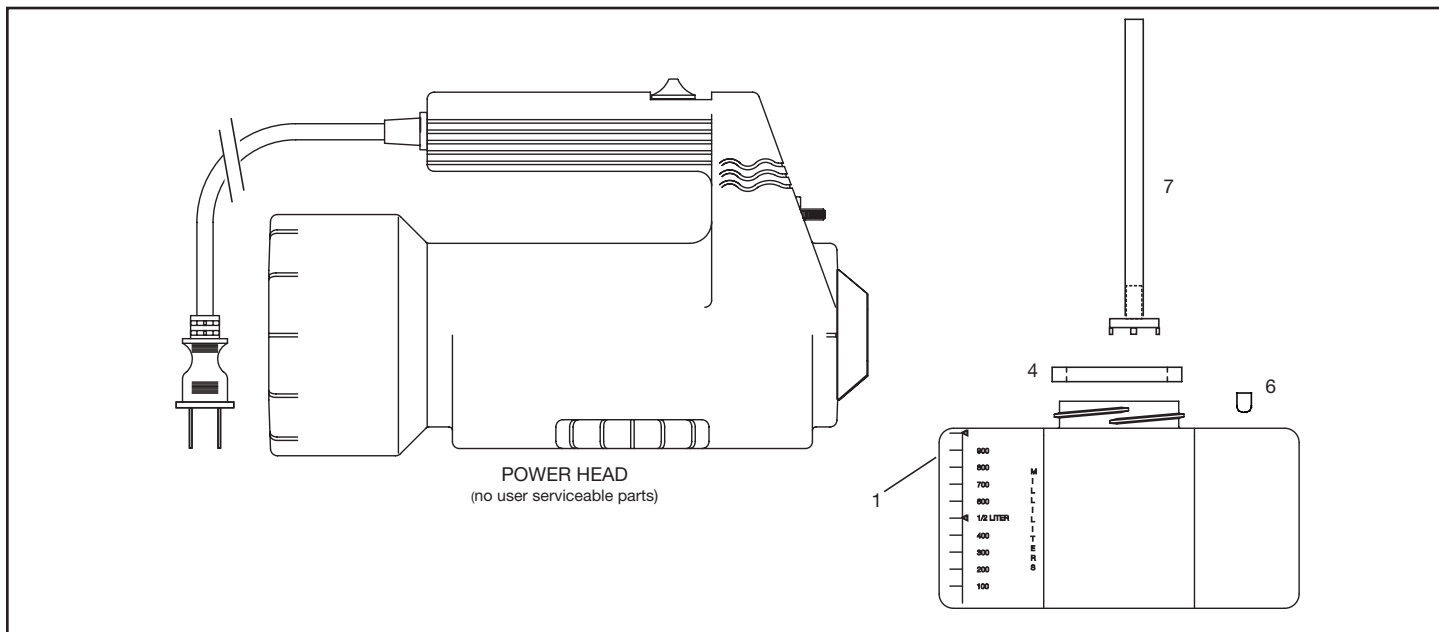


5330 Fogmaster Jr[®] Fogger

PARTS PRICE LIST & ORDER FORM

1. Select parts (see drawing over) and quantities. Shipping costs and sales taxes if applicable will be added to order subtotal.
2. Enter "Ship To Information" [physical locations only]. An email address is required for confirmation and tracking information.
3. Specify payment method. If credit/debit card, include Authorization (ADM-004).
4. Send to Fogmaster by: a) Fax: 1.954.480.8563; b) Scan & email: info@fogmaster.com; or c) Postal mail (address below).

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.]	\$ 13.00	—	4	JR501	Gasket, Buna N	\$ 3.20
—	1	JR102	Tank, 2 qt [2 l.]	22.00	—	4	JR502	Gasket, Viton	13.30
—	7	JR602	Suction tube (plastic screen)	4.25	—	6*	JR800*	Vac Relief Plug (two / white)	4.40
					—	6*	JR801*	Vac Relief Valve (one / red)	6.20

*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

Product Cost	_____	
Sales tax (Florida only)		----
Shipping cost		----
Total		----

Sales tax (if applicable) and shipping charges will be added.

2. Contact/Ship To Information

Name _____
 Company _____
 Address _____
 City, State _____
 Zip _____ Phone _____
 email _____
 (Used only to communicate about this order; not for marketing or spam.)

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

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 MasterCard Visa Discover

Card Number.: _____

Expiration Date: _____

Security Code (CCV): _____ (Amex: 4 digits on front of card) (Visa/MC/Discover: 3 digits on back of card)



Authorization: Use for this transaction only [SO# or Date _____].
 Keep authorization on file for future orders.
 Use only for backup payment of account balance.

(Date)

(Signature)

(Print Name)

NOTE: Any credit due will be issued to the card used for the original purchase. Credits to a debit card may take 1-2 weeks to clear. This is due to the policies of the issuing bank, not Fogmaster.

(Return to Fogmaster by: mail; fax 1.954.480.8563; or scan/email to info@fogmaster.com.)

(FMC Use)

Received _____ by _____ SO / Quotation: _____

