ON-LINE ORDER FORM

Please print and use this form if you do not wish to order on-line.

Mail Orders to: Flame Engineering, Inc., Attn: Inside Sales Dept., P.O. Box 577, LaCrosse, KS 67548

Shipping Address: □ Billing Address and Shipping Address are the same.
Name: __________________________________________ Name: ______________________________________

Address (NO P.O. Box): __________________________________ Address: __________________________________

City: __________ State: ____ Zip: ______ City: __________ State: ____ Zip_____

Phone: (___) __________________________________________

E-mail: __________________________________________

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Order#</th>
<th>Description</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please call for shipping quote prior to ordering. Shipping:

KANSAS RESIDENTS CALL FOR SALES TAX TAX: TOTAL:

METHOD OF PAYMENT (Check One Box)
□ Check or Money Order enclosed (payable to Flame Engineering)
□ Visa □ Mastercard

Card #: ___________________________ V #(3 digit number on back of card) ____________

Expiration Date: Month_______Year_______

THANK YOU FOR YOUR ORDER!