



Dixon Pentecostal Research Center
Product Order Form
(Please print clearly for order accuracy)

Mail order with US\$ payment to: Dixon Pentecostal Research Center
260 11th St. NE
Cleveland, TN 37311

Order Date: _____ **Date Needed: (Please allow 2 weeks)** _____

Customer Name: _____

Customer Mailing Address: _____
Street Address

_____ **City** _____ **State** _____ **Zip** _____ **Country (if not US)**

Customer Email Address: _____ **Phone #:** _____

<u>Product(s)</u>	<u>Price per item</u>	<u>Qty.</u>	<u>Total Amt.</u>
Total number of items ordered			
Total US\$ Enclosed (check, cash or money order)			