



Mail or FAX Order Form

Date:

Billing Information:		Shipping Information:	
Name:		Name:	
Company:		Company:	
Address:		Address:	
City:		City:	
State:		State:	
Postal Code:		Postal Code:	
Country:		Country:	
Phone:		Phone:	
FAX:			
Email:			

Payment Information:

Credit Card Type: VISA MasterCard American Express Discover

Credit Card Number:

Credit Card Expiration Date: Credit Card Security code:

Item #	Color/Option	Description	Qty.	Price Each	Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Subtotal					\$
Shipping Charges (please click here to calculate shipping charges)					\$
Sales Tax (please add 8.875% for New York State deliveries)					\$
Grand Total					\$