

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: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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 | | | | | \$ |