

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					\$