
ORDER FORM

DATE: _____

<u>ITEM</u>	<u>QUANTITY</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBTOTAL: _____

TAX: _____

SHIPPING: _____

GRAND TOTAL: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER() _____

MASTERCARD

VISA

DISCOVER

AMEX

CARD NUMBER: _____ EXP: _____

HOW DO YOU KNOW ABOUT US? _____